

Case Closure Support Plan

Name: _____ Date of Exit: _____

Does the client want formal aftercare services? Yes ___ No ___ Undecided ___

Briefly describe aftercare services the client will receive and the purpose of these services:

Describe the client's plan for maintaining or continuing to develop self-sufficiency abilities:

List referrals and resources needed (name, address, phone number...)

Describe the client's support network in the community (name, relationship, contact information, type of support...)

Case Manager: _____ Date: _____