

RYAN WHITE CLIENT CASE CLOSURE FORM

Case Closure Date: ____/____/____

Network Release Form Expiration Date: ____/____/____

Client Legal Name: _____

Date of Birth: ____/____/____

Reason for Case Closure

- ☐ Client moved outside service area
- ☐ Client incarcerated
- ☐ Client request
- ☐ Client lost to care
- ☐ Client had zero/low acuity score
- ☐ Client death

Case Closure Activities

Is the client aware that their Ryan White case management case has been closed? ☐ Yes ☐ No

Check the type(s) of attempts to notify the client and/or methods in which the client was notified and list the date(s) of attempts/methods of notification:

☐ Phone ____/____/____ ☐ Email ____/____/____ ☐ Mail ____/____/____ ☐ Home Visit ____/____/____

☐ In-Person Meeting ____/____/____ ☐ Other: _____ ____/____/____

Referrals Provided: ☐ NA

Agency Name	Purpose of Referral	Agency Contact Information

Additional Information

Case Closure Sign-Off

Case Manager Name

Case Manager Signature

____/____/____
Date

Supervisor Name

Supervisor Signature

____/____/____
Date