

Youth Client ID:		Youth Reg ID:	
Youth Last Name:	First Name:	Middle Name:	

CLOSE CASE INFORMATION	Close Date:
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Has Youth been homeless in the past 12 months: Yes No

Youth's Living Situation (select one):

- | | | |
|---|---|---|
| <input type="checkbox"/> With Biological/Adoptive Parents | <input type="checkbox"/> Street | <input type="checkbox"/> Living Independently |
| <input type="checkbox"/> With Legal Guardian | <input type="checkbox"/> Secure Facility Detention Ctr. | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Unstructured Sub. Care (friends) | <input type="checkbox"/> Relative's Home | |
| <input type="checkbox"/> Structured Substitute Care | <input type="checkbox"/> Psychiatric Hospital | |

Answer the appropriate question relating to the Youth's presenting problem (select one):

Is family conflict situation: <input type="checkbox"/> 5. Better <input type="checkbox"/> 6. Same <input type="checkbox"/> 7. Worse	Was youth truant during services? <input type="checkbox"/> 4. No <input type="checkbox"/> 3. Yes <input type="checkbox"/> 2. Yes, but less often
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Did youth run away during services? <input type="checkbox"/> 2. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 1. Yes, but less often	Delinquent behavior – subsequent development: <input type="checkbox"/> 8. Another Offense <input type="checkbox"/> 9. Been Arrested <input type="checkbox"/> 11. No More Offenses
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*** Current School Status (Select One):**

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|---|--|--|
| <input type="checkbox"/> Attending Regularly | <input type="checkbox"/> Dropped Out | <input type="checkbox"/> School Not In Session |
| <input type="checkbox"/> Attending-Some Truancy | <input type="checkbox"/> Parent Withdrawn | <input type="checkbox"/> Completed GED |
| <input type="checkbox"/> Suspended | <input type="checkbox"/> Alt. School/GED/Homebound | <input type="checkbox"/> Under School Age |
| <input type="checkbox"/> Expelled | <input type="checkbox"/> Graduated High School | |

Reason for Closure (select one):

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Successfully completed services | <input type="checkbox"/> CPS case opened | <input type="checkbox"/> Youth/Family location unknown | <input type="checkbox"/> Other |
| <input type="checkbox"/> Discontinued services | <input type="checkbox"/> Maximum allowable services provided | <input type="checkbox"/> Youth adjudicated delinquent | |

Closure Comments (optional) (e.g., best time to call):
