

**Katrina Aid Today
Case Closure / Summary Form**

*Questions in **BOLD** are entered into CAN system*

Client Name: _____ File #:

Date Case Opened - -
(Month/Day/Year)

Date Closed : - -
(Month/Day/Year)

1. **CASE STATUS:** Case Closed Case Transferred*
Name of the receiving NCMC Agency _____

**If the case is being transferred please do not complete the rest of this form.*

2. **OUTCOME** (check one): Goal Met Goal Partially Met Goal Not Met

3. **REASON FOR CASE CLOSURE:** (check all that apply)

- Recovery plan achieved
- Primary needs met
- Unable to resolve because of lack of resources
- Client withdrew request for services
- Case transferred out of the Consortium network area
- Relocating (note new address in question 5). **If client is relocating, what type of housing is the client moving into?**

Client is relocating to property that s/he will:

- Own Rent Live with family / friends Reside in transient shelter or is homeless Other

This residence is a:

- Apartment Hotel / Motel Mobile home / trailer Single family dwelling Other

This housing is subsidized by:

- USDA FEMA HUD Section 8 HUD / Grant or Loan HUD / Public Housing Other None

Will applicant share housing expenses? YES NO

Number of persons residing in relocation household: Adults: _____ Dependent Children: _____

Other Reason for case closure (fill in reason): _____

4. Value of Assistance Provided: (*This is retrieved from CAN and client record*)

\$ _____ This agency/organization

\$ _____ Long Term Recovery Committee / Unmet Needs Table

\$ _____ FEMA

\$ _____ Other agency / organization:

\$ _____ Other agency / organization:

\$ _____ Other agency / organization:

\$ _____ Other agency / organization:

\$ _____ **TOTAL**

5. HAVE YOU MADE A DECISION WHERE YOU WILL LIVE PERMANENTLY? YES NO **If YES, where?**

Note: Ask the client if s/he plans on staying in the area or if s/he is planning on relocating to another area. If the plan is to relocate, obtain at least the city and state they are relocating to. This information will be added to the database.

- At my current address
- At my pre-disaster address (list): _____
- At a new address, in my pre-disaster area (list): _____
- Other (list): _____
- I have not yet made a decision.

5a. Regarding this housing, will you:

- Own Rent/Lease Live with family/friends Reside in transient shelter or is homeless Other

5b. What type of housing will this be?

- Apartment Hotel / Motel Mobile home / trailer Single family dwelling Other

5c. Will this housing be subsidized by:

- USDA FEMA HUD Section 8 HUD / Grant or loan HUD / Public Housing Other None

6. Ask the client the following: DO YOU FEEL THAT YOUR PRIMARY NEEDS, AS IDENTIFIED IN THE RECOVERY PLAN HAVE BEEN MET?

- YES, completely
- YES, most of the needs have been met
- NO, the needs have only been partially met
- NO, needs have not been met

6a. If NO, why not? (check all that apply)

- Agency lacks resources
- Needs are beyond the services and resources of the Agency
- Needs are beyond the services and resources of other agencies
- Unable to identify other service providers for remaining needs
- Other (specify the reason): _____

7. WERE YOU OR ANYONE IN YOUR HOUSEHOLD SEEKING A JOB (during the period that the case was opened)?

- YES NO

8.a If YES, did you (or the person seeking the job) get a job? YES NO

Ask the client the following: To ensure that this agency continues to improve its services, we would like you to complete a short survey. Your name will not be used in any way and your responses will be kept anonymous. This survey will take about 10 minutes to complete. We would like you to complete it now before leaving the office. If you'd prefer, we can have another staff member help you complete it.

8. DO YOU AGREE TO COMPLETE THE SURVEY? YES NO (client declined)

If YES, proceed to client satisfaction survey. Have another staff member review it for completeness prior to client leaving the office. Obtain signatures after this last step (client satisfaction survey) is completed.

Signature of Client	Date
Printed Name of Case Manager	
Signature of Case Manager	Date
Printed Name of Case Manager Supervisor	
Signature of Case Manager Supervisor	Date