Print Form

Performance Based Employment Services Pilot

CONTRACTOR CASE CLOSURE NOTIFICATION FORM

Section I. Basic Information

Client Name:
Client RSA ID Number:
Contracted Provider Organization:
Contract Number:

Section II. Reason for Case Closure

Date Case Opened:	**Date Case Closed:**

Reason for Case Closure:

_____1. Client achieved successful rehabilitation (Status 26)

_____2. Client terminated contractor services before successful rehabilitation achieved

_____3. Contractor terminated services to client before successful rehabilitation achieved

_____4. VR Counselor determined that services to client no longer needed before successful rehabilitation achieved

_____5. Other reason for closure (specify):

Comments:

Section III. Signatures

Client Signature (If not available, please explain):	**Date:**
Client's Guardian/Representative Signature (if applicable):	**Date:**
Vocational Rehabilitation Counselor Signature:	**Date:**
Contracted Provider Representative Signature:	**Date:**