



Closed Record Confirmation MH Case Management

Last Name:

First Name:

Database #:

Service Completion Date:

(dd/mm/yyyy)

Closed Record Status – to be completed by a Supervisor

- | | |
|--|--|
| <input type="checkbox"/> <i>Service Recommendation Form</i> emailed to | <input type="checkbox"/> <i>LOCUS</i> uploaded & recorded on database |
| Streamlined Access & uploaded on database | <input type="checkbox"/> <i>OPOC Survey</i> provided to client & recorded on database |
| <input type="checkbox"/> <i>Closed Letter</i> uploaded on database | <input type="checkbox"/> <i>Withdrawal</i> at service initiation (i.e., unable to contact) |
| <input type="checkbox"/> <i>Transition Plan</i> uploaded on database | <input type="checkbox"/> <i>Program Completion</i> on database |
| <input type="checkbox"/> <i>Prior to Discharge OCAN</i> complete | <input type="checkbox"/> <i>End Staff Role</i> on database |

Comments:

Signature of Worker

Signature of Supervisor

Date (dd/mm/yyyy)