**Service Recommendation**

**Closed on Assignment**  **Service Completed**

**Service Extension  Service Continuation**

**Case Manager/Agency: Date:**

**Client Name: DOB:**

**Address: Phone Number(s):**

**Date of Enrollment in Case Management:**

**Has an Extension or Continuation been granted before? If yes, how many?:**

**Alerts (safety concerns, important support needs):**

**\*If requesting an extension or continuation, submit this form 1 month prior to possible discharge\* \*Also to ensure submissions will be reviewed on Fridays, submit this form by Thursday at noon\***

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| **Closed on Assignment (reason file was closed):** |
| **Service Completed (brief description of support provided):**  LOCUS Score: Prior to discharge OCAN completed? |
| **Service Extension Request (description of goals still needing to be addressed and plan to address them):**  LOCUS Score: Length of service extension request (1-3 months): |
| **Service Continuation Request (description of goals still needing to be addressed and plan to address them):**  LOCUS Score: Length of service continuation request (3-6 months): |

Please forward this form to: nvandenelzen@yssn.ca