



**CASE CLOSURE**

Consumer's (Legal) Name: \_\_\_\_\_

SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

**Death:** Date \_\_\_\_\_ **Death Review Required:**  Yes  No

Place of Death (i.e., GH, family home, hospital, other) \_\_\_\_\_

**Loss of Contact:** List efforts made to locate the individual and dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Services No Longer Needed or Not Appropriate:** List Reason(s)

\_\_\_\_\_  
\_\_\_\_\_

**Moved Out of State:** (new address, if known)

\_\_\_\_\_  
\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

**Other:** \_\_\_\_\_

**Verified By:** Area Office Staff or Unit Supervisor: \_\_\_\_\_  
(printed name)

X \_\_\_\_\_ **ABC Updated** \_\_\_\_\_  
Signature Date (initial)

**Send Central Record to:** Closed Files  Archives