

**Extended Family Support Program
Closing Report**

CASE INFORMATION

Provider: _____ Worker: _____
 Client: _____ SCR ID#: _____
 Referral Date: _____ 1st Contact Date: _____
 1st Assessment Date: _____ Closing Date: _____

SERVICES

Service Requested (SR) - Service Provided (SP) - Obtained Objective (OO)

- | SR | SP | OO | |
|--------------------------|-------|-------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> | _____ | _____ | Assistance enrolling my relative's child in my local school district |
| <input type="checkbox"/> | _____ | _____ | Assistance obtaining the IDHS child-only grant |
| <input type="checkbox"/> | _____ | _____ | Assistance obtaining the Day Care |
| <input type="checkbox"/> | _____ | _____ | Assistance obtaining medical benefits, food stamps or other entitlements |
| <input type="checkbox"/> | _____ | _____ | Assistance obtaining beds for my relative's child |
| <input type="checkbox"/> | _____ | _____ | Assistance obtaining dressers, clothes or other items for my relative's child |
| <input type="checkbox"/> | _____ | _____ | Assistance obtaining adequate housing |
| <input type="checkbox"/> | _____ | _____ | Assistance obtaining counseling for my relative's child |
| <input type="checkbox"/> | _____ | _____ | Assistance obtaining assistance from kinship support groups |
| <input type="checkbox"/> | _____ | _____ | Provide list of service providers in area |
| <input type="checkbox"/> | _____ | _____ | Referral for Community Services: _____ |
| <input type="checkbox"/> | _____ | _____ | Other: _____ |
| <input type="checkbox"/> | _____ | _____ | Other: _____ |

If any assistance listed above was requested but was not provided or obtained, explain why:

_____ Family Meeting: Did a Biological Parent attend the Family Meeting? Yes No

PROTECTIVE ISSUES

C/L Referral Date: _____ C/L Determined Date: _____

Unusual Events

- Protective issues were present
- Child Abuse Hotline was called after case was referred to EFSP
- DCFS took custody of the children
- UIR completed on the family

If a box was checked, please explain: _____

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Client: _____ SCR ID#: _____

GUARDIANSHIP

Guardianship Applied: _____ Guardianship Obtained: _____

Guardianship Status

- Guardianship Was Not Sought**
 - Caregiver never wanted guardianship
 - Caregiver changed mind before guardianship application
 - Parent contested guardianship
 - Parent removed children from home
 - Child lives with a different caregiver
 - DCFS denied due to positive CANTS or LEADS results
 - Agency does not believe client is an appropriate caregiver
 - Other: _____

- Guardianship Sought But Not Obtained**
 - Caregiver no longer wants guardianship
 - Parent removed children from home
 - Parent contested guardianship
 - Child lives with a different caregiver
 - Court denied due to positive CANTS or LEADS results
 - Agency does not believe client is an appropriate caregiver
 - Other: _____

- Guardianship Was Obtained**
- Already Had Guardianship When Case Opened**
- Other:** _____

CLIENT STABILITY AT CASE CLOSING

Caregiver And Children Are:

- More stable than when family was initially assessed
- As stable as when family was initially assessed
- Less stable than when family was initially assessed

If less stable, please explain: _____

Placement of children on closing date (CD) and 30 days after closing (AC) date:

- | CD | AC | |
|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | With client |
| <input type="checkbox"/> | <input type="checkbox"/> | With natural parents |
| <input type="checkbox"/> | <input type="checkbox"/> | With other relatives |
| <input type="checkbox"/> | <input type="checkbox"/> | DCFS ward |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Caseworker Signature

Date

Supervisor Signature

Date