

**TIKINAGAN CHILD AND FAMILY SERVICES**

**CASE SUMMARY/CLOSING**

Service Other Jurisdiction

Records Disclosure

Other

(This Summary is to be completed every 6 months, at the time of case transfer to another worker, and at the time of case closure.)

Case Name Client Unit #

Today’s Date / / (d/m/y)

Period Covered In This Recording, from / / to / / (d/m/y)

**1. CONTACTS AND DATES:**

Contact Date

**2. PREVIOUS OBJECTIVES ESTABLISHED FOR THIS CASE**

(i)

(ii)

(iii)

(iv)

**3. SUMMARY OF SERVICES PROVIDED AND ACHIEVEMENT OF SERVICE OBJECTIVES** (describe your activities and services provided during this time, the client(s) response, changes they have made, objectives recieved.)

**4. OTHER TIKINAGAN SERVICES PROVIDED AT THIS TIME**

(note service and worker(s) involved.)

**5. OTHER COMMUNITY RESOURCES INVOLVED** (note service and worker(s) involved.)

**6. SERVICE PLAN: OBJECTIVES FOR THE NEXT SIX MONTHS**

(i)

(ii)

(iii)

(iv)

**7. DISPOSITION**

Continued Ongoing Service

 Case Transfer to (worker) Effective / / (d/m/y)

 Case Closing – Effective Date / / (d/m/y)

Summary Completed by Date / / (d/m/y)

Supervisor’s Signature Date / / (d/m/y)