

## Other Closure Checklist and Consultation Form

Participant Name:

Date:

### **Checklist:**

- Participant and VR counselor discussed case closure
- Closure letter has been sent
- Client Assistance Program was reviewed
- All services on IPE were provided, or if not, addressed in case notes (Status 28 only; not applicable for Status 08 or 30 closure).

Rationale for any consultation items not completed

Rationale for ineligibility or case closure

Counselor Signature:

Date:

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