

CASE CLOSURE FORM

SECTION 1 - IDENTITY OF THE CHILD

Registration ID Number	<input type="text"/>	Other I/D Number	<input type="text"/>
Child's Name	First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>
Other names or spellings child known by	<input type="text"/>	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
		Age	<input type="text"/> years

SECTION 2 - CLOSURE DETAILS

What is the reason for closing the child's file?

Formal Closing	<input type="checkbox"/>	Transferred	<input type="checkbox"/>	Other	<input type="checkbox"/>
Death of Child	<input type="checkbox"/>	Repatriated	<input type="checkbox"/>	<input type="text"/>	

Give further details if required.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Care Arrangement at closing:

Type of care arrangement

Family reunification	<input type="checkbox"/>	Foster Family	<input type="checkbox"/>	Adoption	<input type="checkbox"/>
Independent living	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="text"/>	

Name of caregiver

First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>
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Relationship of caregiver to child

Address

Country <input type="text"/>	Admin Level 1 <input type="text"/>	Admin Level 2 <input type="text"/>
Admin Level 3 <input type="text"/>	Admin Level 4 <input type="text"/>	Village/Area/Physical Address - if not known enter landmarks e.g. hills, trees, names of schools or hospital etc. <input type="text"/>

Telephone number

SECTION 3 - FORM COMPLETED BY

Name <input type="text"/>	Position <input type="text"/>
Agency <input type="text"/>	Place <input type="text"/>
Date <input type="text"/>	

Data Entry Fields for the Database are shaded and enclosed within boxes with thicker borders