

YOUNG ADULT VOLUNTARY FOSTER CARE CASE CLOSURE REQUEST

Michigan Department of Human Services
Young Adult Voluntary Foster Care Program

Date:

Case closure is being initiated on the following Young Adult Voluntary Foster Care Case:

Youth Name:	DOB:	Case Number:
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Reason for case closure:

Date of the 90-Day Discharge Permanency Planning Conference: _____

Recommendation/action steps provided at the PPC:

Caseworker attempts at rectifying the circumstances that cause the noncompliance:

Foster Care Caseworker Name	Foster Care Caseworker Signature	Date
Supervisor Name	Supervisor Signature	Date
County/Agency Director Name	County/Agency Director Signature	Date

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