MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

EXTENSION OR CLOSING SUMMARY

NAME	COUNTY
DCN	SSCM

CASE RECOMMENDATION

☐ EXTEND ☐ CLOSE	WAS THE CLOSING OR EXTENSION PLAN A TEAM DECISION? ☐ YES ☐ NO

RECOMMENDATION SUMMARY

RECOMMENDATION IS FOR THE FOLLOWING EXTENSION

☐ Domestic Violence ☐ Team Conclusion ☐ Pending Review
☐ Substance Abuse ☐ Active in Children's Services and Income Maintenance
☐ Mental Health ☐ Family Crisis

WHAT REFERRALS WERE OFFERED AND THE DATE OF REFERRAL?

RECOMMENDATION DATE OF NEXT EVALUATION	DESIGNEE HAS REVIEWED AND HAS MADE THE FOLLOWING DECISION ☐ **APPROVED TO EXTEND** ☐ **CASE CLOSED**

DESIGNEE COMMENTS

DESIGNEE SIGNATURE	DATE