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| --- | --- |
| Client Name: Click to type name | PC-IRU Case Number (A#): Click to type client number |
| Date of Arrival/Eligibility: Click arrow to choose date | Date of PC-IR Enrollment: Click arrow to choose date |

Dear Click to type client name,

As of Click arrow to choose termination date, your enrollment in the PC-IRU program will end. After this date, you will no longer receive services offered by the PC-IRU program.

The reason you are ending PC-IRU services is: Click arrow to choose case closure reason OR type Other reason

[ ]  If this box is checked, you are ending your PC-IRU program enrollment *earlier 3 months (90 days).* A case manager will contact you on Click arrow to choose date for an in-person meeting for a check-in.

Below is a summary of the PC-IRU services you received and the outcome(s) of each service:

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| ***Services Provided and Outcome(s) of the PC-IRU Program*** |
| *Ex: 1) Client applied and was approved for SSI Disability Benefits 2) Client was referred to and attended physical therapy appointments to treat leg deformity 3) Client independently kept track of last 4 physical therapy appointments and traveled there on his own using the bus.*  |
| *Ex: 1) Client attended 8 sessions 2) Client learned about U.S. laws related to raising a child 3) Client learned about 3 resources available in the community for new parents*  |

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| --- | --- | --- | --- |
| Case manager’s signature |  | Date |  |
| Client’s signature |  | Date |  |
|  | [ ]  This letter was verbally translated to me in my language of choice. I have also received a copy of this letter and a community resource sheet for my own records. |
| Interpreter’s signature |  | Date |  |

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| PC-IRU Program Contact Person at [*Your Agency Name*]:  | Phone number: Address:  |