



ADMINISTRATION FOR
CHILDREN & FAMILIES
Office on Trafficking in Persons

Trafficking Victim Assistance Program Grantee

Client Case Closure Form

This form should only be submitted if a case closed during the reporting period.

Grantee

Reporting Period Start Date

Reporting Period End Date

Report Type

Client Identifier

Date on which case closed

Reason for Case Closing (Check all that apply)

- No longer in need of services
- Lost contact
- Incarcerated and out of contact with program
- Client relocated
- Time limitations of the program
- Transfer to another service program
- Determined not eligible
- Client unable to meet program expectations
- Other

Employment Status upon Case Closing

- Employed, Full Time
- Employed, Part Time
- Employed, Seasonal/Sporadic
- Enrolled in Job Training
- Unemployed, Looking for Work
- Unemployed, Unable to Work
- Unemployed, Not Looking for Work
- Unknown

Living Situation upon Case Closing

Did the client obtain Continued Presence or a T-Visa?

Did the client obtain HHS Certification or Eligibility?

Did the client receive a referral for continued case management services?

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average .167 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.