



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)

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