

**KINSHIP NAVIGATOR PROGRAM**

**TERMINATION SUMMARY**

|  |  |  |  |
| --- | --- | --- | --- |
| Child Name |       | DHS Worker Name |       |
| County |       | Referral Date |       |
| State ID |       | Closure Date  |       |
| FACS ID |       | Termination Summary Date |       |
| Date Termination Summary was provided to DHS Worker  |       |
| Date Termination Summary was provided to the Kinship Caregivers  |       |
| Author of Termination Summary – Kinship Specialist Name |       |
| Placement Status of Child(ren) |       |

**Termination Information**

|  |
| --- |
| Provide a description of the following:* Goals, objectives, and outcomes achieved;
* Interventions, strategies, materials, and supports provided to achieve outcomes;
* Use of concrete goods, tangible items, and gift cards if expended; and
* Family and community supports that were implemented and will serve as resources.
 |
|  |
|  |

|  |
| --- |
| Provide a brief description of any goals, objectives, and outcomes **not** achieved and the barriers to success: |
|       |

|  |  |
| --- | --- |
| Kinship Specialist Signature:      | Date:      |
| Supervisor Signature:      | Date:      |