

**KINSHIP NAVIGATOR PROGRAM**

**TERMINATION SUMMARY**

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| --- | --- | --- | --- |
| 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**

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| 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. |
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| Provide a brief description of any goals, objectives, and outcomes **not** achieved and the barriers to success: |
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| Kinship Specialist Signature: | Date: |
| Supervisor Signature: | Date: |