



DEVELOPMENTAL DISABILITIES TERMINATION SUMMARY

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

DEVELOPMENTAL DISABILITIES DIVISION

SFN 1560 (2-2021)

Client Name	Date of Birth	ROAP/Therap ID Number
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Developmental Disabilities(DD) Program Manager/DD Program Administrator	Termination Date
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Close DD Case
 Yes No

Reason for Closure

<input type="checkbox"/> Denied	<input type="checkbox"/> Unable to Locate	<input type="checkbox"/> Moved to Another Region: _____
<input type="checkbox"/> Client Initiated	<input type="checkbox"/> Lack of Participation	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Deceased	<input type="checkbox"/> Moved Out-of-State	

Individual Service Plan (ISP) Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Completed
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By typing my name below, I am signing this application form electronically. I agree that my electronic signature is the legal equivalent to my handwritten signature. I attest, subject to the penalties of perjury that I am the individual completing this application and that I have provided accurate information.

DD Program Manager Signature	Date
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DD Program Administrator Signature	Date
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Client has been convicted or alleged to have committed a sexual offense under NDCC 12.1-20 and 12.1-27.2 <input type="checkbox"/> Yes <input type="checkbox"/> No
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Potential Date Record Can be Destroyed (DD record series retention must be met for DD Case Files (190106) or DD Case Files-Sex Offender (190112)
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