DEVELOPMENTAL DISABILITIES TERMINATION SUMMARY

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEVELOPMENTAL DISABILITIES
SFN 1560 (2-2023)

Clear Fields

Client Name	Date of Birth	ROAP/Therap ID Number
Developmental Disabilities(DD) Program Manager/DD Program Administrator		Termination Date

Close DD Case
☐ Yes ☐ No

Reason for Closure

☐ Denied ☐ Unable to Locate ☐ Moved to Another Region: _____
☐ Client Initiated ☐ Lack of Participation ☐ Other: _____
☐ Deceased ☐ Moved Out-of-State

Individual Service Plan (ISP) Completed ☐ Yes ☐ No	If Yes, Date Completed

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
DD Program Administrator Signature	Date

Client has been convicted or alleged to have committed a sexual offense under NDCC 12.1-20 and 12.1-27.2
☐ Yes ☐ No

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)