



EAP CASE CLOSING

Client(s): _____ Affiliate: _____

Closing Summary
 Outcome of assessment or brief counseling (if preferred you may attach notes form your own client file)

Case Disposition

Client (each person who utilized services)	Disposition (See codes; use all that apply)	Disposition Codes
Client # 1 _____	_____	1 – Client Used 1 or more EAP hours: progress made to client’s satisfaction
Client # 2 _____	_____	2 – Client used 1 or more EAP hours: issue resolved to client’s satisfaction
Client # 3 _____	_____	3 – Client withdrew from EAP services: status unchanged or unknown
Client # 4 _____	_____	4 – Referral provided per clinical recommendation and/or client request (complete “Referrals” below)

Referrals Offered (if self referral, enter “Self”)	Referral Type (codes below)	Payment Type	Name of client(s) if more than one client in the case
		<input type="checkbox"/> No Fee <input type="checkbox"/> Sliding Fee <input type="checkbox"/> Insurance <input type="checkbox"/> Private Pay	
		<input type="checkbox"/> No Fee <input type="checkbox"/> Sliding Fee <input type="checkbox"/> Insurance <input type="checkbox"/> Private Pay	
		<input type="checkbox"/> No Fee <input type="checkbox"/> Sliding Fee <input type="checkbox"/> Insurance <input type="checkbox"/> Private Pay	

- Referral Type:**
- | | | | |
|--------------------------------------|----------------------------------|---|--|
| 01 – A/D Medically Managed Inpatient | 06 – A/D Self help Group | 11 – Social worker/Therapist outpatient | 16 – Financial Services |
| 02 – A/D Residential Treatment | 07 – Mental Health Inpatient | 12 – Self help group (not A/D) | 17 – Childcare Services |
| 03 – A/D Intensive Outpatient | 08 – Mental Health Day Treatment | 13 – Medical Services | 18 – Basic needs (food, shelter, etc.) |
| 04 – A/D Continuing Care | 09 – Psychiatrist Outpatient | 14 – Vocational/Educational | 19 – Other (specify) |
| 05 – A/D Education | 10 – Psychologist Outpatient | 15 – Legal Services | |

Self-referral: To ensure clients referral options are not influenced by conflict of interest, all clients must be offered at least two resources in addition to the self-referral. Were other options to the self-referral offered? ___ Yes ___ No If no, provide an explanation.
