



**the
Chickasaw Nation
Division of Education
Vocational Rehabilitation Program**

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**Bill Anoatubby
Governor**

CLOSING SUMMARY

Consumer name:		Case number:	
County:		Counselor:	
Date of closure:		Status of closure:	
Employment goal:		Employment outcome:	
Employer:		Employer's address:	
Employer's phone:		Follow up authorized:	
Start date:		Beginning weekly income:	
Days in employment:		Current weekly income:	
Placement made by:		Is consumer satisfied:	
After care referral made:		Referral made to:	
Type of employment: (FI, PI, SE, self, other)		Weekly earned income at application:	

Description of the basis on which employment was determined to be suitable:

Description of services provided or arranged by CNVR:

Description of any post employment services foreseen at this time:

Consumer's comments: _____

Consumer's signature: _____ **Date:** _____

Counselor's signature: _____ **Date:** _____