

RESIDENTIAL TERMINATION/CLOSING SUMMARY

Resident Name: _____

Admission Date: _____ Termination/Closing Date: _____

Reason for Termination/Closing: _____

Where is Resident going? _____

Contact name and telephone number: _____

Medications at Termination/Closing: (attach current copy of MARS)

Medication Released to: (MARS to be signed by receiving person)

Money balance: Owed to resident; \$ _____ Paid by; Cash: Check #:

Owed by resident: \$ _____

Plan for resident to reimburse: _____

Personal Belongings taken and/or given to whom at the time of exit:

(attach itemized list with signature of receipt)

Personal belongings left at the time of exit: _____

Plan for storage. _____ Plan for disposal. _____

Closing statements: Additional Notes: _____

