



Closure Request Form

Instructions

The contractor will follow all requirements in the SOW to notify the DCS Specialist and the DCS Program Supervisor of barriers to contact with the parent or child’s caregiver and resolve barriers to service provision.

The contractor will follow all requirements in the SOW to upload into Guardian service reports that describe barriers to service provision and efforts to resolve them.

The DCS Specialist or Supervisor will communicate with service providers, parents, and caregivers to address identified barriers and engage parents in services.

Closure Process

1. If efforts to close a service referral by communicating with the assigned DCS Specialist and Supervisor are not unsuccessful (due to lack of response or disagreement), the contractor may request service closure by sending this form by secure email to the regional Field Operations designee (see contact information below).

Operations Region	Counties	Email
Maricopa East	Maricopa (east)	maricopacountysvoclosurereviews@azdcs.gov
Maricopa West	Maricopa (west)	maricopacountysvoclosurereviews@azdcs.gov
South	Cochise, Pima, Santa Cruz, Yuma	southsvoclosurereview@azdcs.gov
Northeast	Apache, Navajo, Gila, Graham, Greenlee, Pinal	nesvoclosurereviews@azdcs.gov
Northwest	Mohave, La Paz, Yavapai, Coconino	svoclosurenorthwest@azdcs.gov

2. The designated Regional Field Operations staff will verify whether the closure conditions are met upon receipt of the email and in no more than seven working days, and will complete and return this form to communicate approval or disapproval of closure.
3. If referral closure is approved, forward the signed form to the DCS Referral Unit (see contact information below) and C.c. the Field Operations designee to provide notification that the request has been sent to the Referral Unit for referral closure

Region	Counties	Email	Supervisor
Maricopa East/West	Maricopa (east)	ServiceReferralsMEMW@AZDCS.GOV	Victoria.Olvey@azdcs.gov
South	Cochise, Pima, Santa Cruz, Yuma	ServiceReferralsSouth@AZDCS.GOV	Alisa.Brinkerhoff@azdcs.gov
Northeast/ Northwest	Apache, Coconino, Gila, Graham, Greenlee, La Paz, Mohave, Navajo, Pinal, Yavapai	ServiceReferralsNENW@AZDCS.GOV	Carolyn.Huberty@azdcs.gov

Provider Closure Information

Provider/Coach

Staff Completing this Form

Name of Participant

Reason for Closure Request

Parent has move out of state

Parent is incarcerated

The child(ren) live outside the provider's service area

Parenting time is not currently approved to occur (not approved by DCS or there is a Court order that no parenting time occur)

The provider is unable to contact (speak or correspond with) the parent for 3 days after the first initial failed attempt or for 14 days after services have started

The parent has not shown up for 3 consecutive parenting time sessions without prior cancellation

The parent has canceled 6 of the most recent 8 parenting time sessions, or has cancelled 4 consecutive parenting time sessions and reasonable efforts to address the cancellation reasons have been made

The parent consistently states that he/she will not participate in parenting time supervised by the SVO provider and the parent's behavior matches these statements (this could occur at intake or at any time during the service)time occur)

Parent is approved to have unsupervised parenting time

Parent is receiving parenting time outside of SVO services (such as at a kinship caregiver's home)

A brief description of case-specific evidence that the closure reason criteria are met:

Please include documentation as described in these Closure Standards, or indication of documentation that is needed from Field Operations.

Approval

The criteria to approve has been confirmed.

The criteria to approve has not been confirmed. Comment below:

Approved by (DCS staff)

DCS Staff Signature

Date