



CASE INFORMATION			
Child's Name:	DOB:	Harmony/CSA ID#:	CANVAS#:
Case Manager (CM):		CM Phone Number:	
CM Email:			

Please check appropriate box and enter corresponding information			
<input type="checkbox"/> <b>CHANGE CASE MANAGER</b>			
<b>Previous Case Manager</b>		<b>New Case Manager</b>	
Name:		Name:	
Phone:		Phone:	
Agency:		Agency:	
<input type="checkbox"/> <b>CHANGE OR END SERVICE PROVIDER</b>			
<input type="checkbox"/> <b>End a provider service</b>	Effective Date:		
<input type="checkbox"/> <b>Change provider</b>	Effective Date:		
Ending Provider	Type of Service:	Name of Provider:	
New Provider	Type of Service:	Name of Provider:	
<input type="checkbox"/> <b>CLOSE CSA CASE</b>			
Effective Closure Date:			
Please check reason for case closure:			
<input type="checkbox"/> Child successfully completed treatment	<input type="checkbox"/> Child has moved out of county		
<input type="checkbox"/> Family/youth decision	<input type="checkbox"/> Child committed to DJJ		
<input type="checkbox"/> Adoption	<input type="checkbox"/> Aged out of services		
<input type="checkbox"/> Child is no longer eligible for services			

**Case managers next steps for closing cases and change/ending service providers:**

- ★ Please be sure submit an updated encumbrance to finance via fax 703.653.7013
- ★ Please complete and submit discharge CANS to CSA

CM Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

*Send completed form to:*  
CSA  
[DFSCSA@fairfaxcounty.gov](mailto:DFSCSA@fairfaxcounty.gov)  
Fax: (703) 653-1369