

DECEASED CLIENT OR EMPLOYEE REPORT

Instructions: Any employee of the Department of Human Services who becomes aware of the death of a client or an employee shall immediately notify their supervisor or the Office or Division Director. This form should be completed and sent, along with copies when requested of ALL the case files, records, or other documents pertaining to the client, to the Office or Division Director within three (3) days of knowledge of the death. The Office or Division Director shall immediately forward all information to the Department Director and the Fatality Review Coordinator.

Name of Deceased:			
Address of Deceased (indicate if client was living in own home, with relatives, in a placement, etc):			
Date of Birth:	Date of Death:		Case #
Attending Physician:			
Name & Address of Parent, Guardian, or Spouse:			
Service Provider:		Phone Number:	
Case Status (at time of death):	Open:	Closed:	Date of Closure:
Medical Examiner Involvement?		Yes:	No:
Case Files, Field Notes, Records, Other Documents Attached?		Yes:	No:
Case Manager:		Phone Number:	
Division & Locale:			
Supervisor:		Phone Number:	
Referring Worker (if different than case manager):		Phone Number:	
Information Related to the Death (Including the probable cause of death):			

Types of services the client received: (group care, home supervision, in-home services, etc. Also, indicate how long client received services.)

History of Agency Involvement:

Reported by:	Date:	Phone:
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