Canada Pension Plan Disability Vocational Rehabilitation Program
CLOSURE REPORT

Client Name:	Service Provider:
Client Identifier:	Consultant:
Client Address:	Consultant Telephone:
Client Telephone:	Phase at time of Closure Report: Choose an item
Service Canada VR Case Manager:	Date of Report: (YYYY-MM-DD)

Synopsis of all interventions over course of the Vocational Rehabilitation Plan:

Total Invoiced Cost:

Reasons for Closure:
Choose an item

Comments: (Mandatory)
Provide a detailed rationale to support the reason for closure.