



Wrap-Up Form

HIGHLY CONFIDENTIAL

Fill out this form after the last caring visit, and turn it in to the Referrals Coordinator, along with the Referral Form, as soon as possible after the last visit.

Today's date

Name of Stephen Minister

Name of care receiver

Date of initial caring visit

Date of final caring visit

Total number
of caring visits

Approx. number of hours
with the care receiver

Reason for bringing closure:

- ☐ completed caring relationship
- ☐ ended by care receiver
- ☐ referral to another Stephen Minister
- ☐ referral to community resource
- ☐ other

Explain:

