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| --- | --- | --- | --- |
|  |  | **Adult Social Care and HealthEnablement & Support Services Occupational Therapy Service** AddressAddressKentPost CodeTelephone: Ask for: Ref: Date:  |  |

Dear

RE: Case Closure

Following my recent \*discussion / involvement I am writing to confirm that I am now closing your case. (delete as necessary)

If however, your situation changes and you require further assessment, please contact us on **03000 416161** or **www.kent.gov.uk** to make a new referral to the Adult Community Team.

Yours sincerely

**Name**