

Mental Health Center
Address

Date

Re: Resident Name

To Whom it may Concern

This is to inform you that *Name of Resident* will be discharged from Montana Mental Health Nursing Care Center on *Date* to *Name of Nursing Home* on a 30 day pre-placement visit. As a courtesy to your agency, I am enclosing a copy of our Aftercare Plan. I do not anticipate that he/she will need any follow-up services, as his/her psychiatric condition is stable.

If, in the future, you should receive a referral on this person, we wanted you to be aware that he/she is in your community.

Sincerely,

Social Worker