

CLIENT DISCHARGE FORM

Name:				Account #:			
Program #				Facility			

Discharge

5. Discharge Date (mmdyyy)

6. Referring to Program

7. Referring to Agency (Write Description)

8. Discharge Reason (check one)

Treatment Plan Completed

Client Left Voluntarily Before Treatment Plan Completed

Client is Inaccessible (moved, died, in prison, etc.)

Client Left at Request of Staff

Client Referred to Another Program (Referring to Program is Required)

9. Number of Arrests in the last 30 days

10. Employment Status at Discharge (check one)

Employed Full Time Employed Part Time Pub. Asst. Depleted

Unemployed Not in Labor Force

11. Detailed Not In Labor Force (check one)

Homemaker Student Retired

Disabled Inmate Other

12. Living Arrangements (check one)

Homeless Dependent Living Independent

13a. Has the client participated in a self-help group, support group (e.g., AA, NA, etc.) in the last 30 days? Yes No

13b. Attendance in the last 30 days? None 1-3 times in past month 4-7 times in past month

8-15 times in past month 16-30 times in past month Some

Comments:

Finalize Discharge

A Finalized Discharge Data Set Must Have A Drug Matrix and Discharge Assessment.

Completed Discharge Drug Matrix Attached Yes No

Completed Discharge Assessment Attached Yes No