

# 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