Dane County Department of Human Services

Comprehensive Community Services – Discharge Summary

1202 Northport Drive, Madison, WI 53704
(608) 242-6415

Participant Information:

Participant Name:
Participant DOB:
Most Recent Known Mailing Address:
Date of Admission:
Date of Discharge:

Reason for Discharge: (check one box)

☐ CCS participant achieved discharge criteria outlined in their Recovery Plan.

☐ CCS participant no longer wants psychosocial rehabilitation services.

☐ The whereabouts of the CCS participant are unknown for at least 3 months despite diligent efforts to locate CCS participant.

☐ CCS participant refuses CCS services for at least 3 months despite diligent outreach efforts by providers to engage CCS participant.

☐ CCS participant enters a long-term care facility for medical reasons and is unlikely to return to community living.

☐ CCS participant is deceased.

☐ Dane County CCS psychosocial rehabilitation services are no longer needed. **(please check appropriate box below)**

- ☐ CCS participant is no longer eligible for Medicaid funding.
- ☐ CCS participant has moved from the geographic service area.
- ☐ CCS participant is enrolling in another behavioral health case management program (CSP/TCM).
- ☐ CCS participant is enrolled in long-term care services and their needs are being met through long-term care programming.
- ☐ CCS participant is incarcerated for extended duration.

Explain Reason for Discharge:

Status/Condition at Discharge: (include progress toward Recovery Plan outcomes)

Circumstances that would suggest a renewed need for CCS services:

Follow-Up Services after Discharge:

I have been provided with, or offered a copy of my discharge summary.

Participant Signature:	Date:
Parent/Guardian Signature: [if applicable]	Date:
Service Facilitator Signature:	Date:
Mental Health Professional Signature:	Date:
Substance Abuse Professional Signature:	Date:

CSDF must be submitted <u>with</u> Discharge Summary!