

Dane County Comprehensive Community Services
Discharge Summary

Client Name: _____ DOB: _____

Date of Admission: _____ Date of Discharge: _____

Reason for Discharge:

- Client achieved discharge criteria in Recovery Plan.
- Client, or parent/guardian, no longer wants CCS Service.
- The whereabouts of the client are unknown for at least 3 months, despite efforts to locate the client (explain outreach effort).
- The client, or parent/guardian, refuses to participate in services from the CCS for at least 3 months despite outreach efforts (explain outreach efforts).
- The client enters a long term care facility for medical reasons and is unlikely to return to community living.
- Psychosocial rehabilitation services are no longer needed.
- The client is deceased.

Explain:

Status/Condition at Discharge: (include progress towards 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.

Client Signature

Date

Guardian/Parent Signature

Date

Service Facilitator Signature

Date

Mental Health Professional Signature

Date

Substance Abuse Professional Signature

Date