

Discharge Summary

Name:	
Contact Number:	
Email Address:	
Date Of Discharge:	Is this individual deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Program Exiting From:	Has the client been exited through Service Point? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the client exit into permanent housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Case Manager:	
Case Manager After Discharge (If Applicable):	

Was the client involuntarily discharged? (If so, why?) Yes No

Summary of client's housing situation (address, landlord, cost of rent, etc.):

Summary of client's financial resources (FEP, payee, employer, income amount, etc.):

Summary of client's strengths:

Summary of on-going concerns or unresolved issues noticed:

Other general impressions or comments:
