

Discharge Summary

**Name of Consumer:**  **Date:**

**County of Service Responsibility:**

**County of Financial Responsibility:**

**If Meeting Held Persons Present: N/A**

**Discharge Summary**

1. **A summary of findings, events, and progress during the period of services to the consumer**
2. **Written evidence of the reason for discharge (who initiated discharge)**

**C. If discharged to another service, specific recommendations for future programming.**

1. **If discharged without alternative services established, counseling on other service options available (list other service options explained to consumer).**

**Current Situation & Recommendations for changes in the following areas:**

**Living Situation:**

**Vocational situation**:

**Independence level**:

**Activities and/or Community Groups**:

**Financial Situation:**

**Task List/Informal Goal Areas worked on in the past** (Briefly list current Outcomes):

**Outcomes:** Outcomes were never established because 45Day meeting did not occur. Client did not stay long enough for this meeting to occur.

*-umer. Please make note of any oddities or behavior problems that arose. Please mention any positive things that happened)*

**Report Submitted by** Fahad Abdalla