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**Comprehensive Community Services Discharge Summary**

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| Consumer’s Name: *Enter Consumer’s Name* | Patient Date of Birth: *Enter Consumer’s DOB* |
| Date of Admission: *Enter Admission Date* | Date of Discharge: *Enter Date of Discharge* |

1. **Reason for Discharge:**

|  |  |
| --- | --- |
|  | Client achieved discharge criteria in Recovery Plan. Comments, if any: *Enter any comments* |
|  | Client, or parent/guardian, no longer wants CCS Services. Comments, if any: *Enter any comments* |
|  | The whereabouts of the client are unknown for at least 3 months, despite efforts to locate the client. Explain outreach efforts (required): *Enter outreach efforts* |
|  | The client, or parent/guardian, refuses to participate in services from the CCS for at least 3 months despite outreach efforts. Explain outreach efforts (required): *Enter outreach efforts* |
|  | The client enters a long term care facility for medical reasons and is unlikely to return to community living. Comments, if any: *Enter any comments* |
|  | Psychosocial rehabilitation services are no longer needed. Comments, if any: *Enter any comments* |
|  | The client is deceased. Date of death: *Enter date of death* |

1. **Consumer Status and Condition**

*Enter the consumer’s status and condition at discharge*

*Enter the consumer’s progress toward the outcomes specified in their service plan*

1. **Circumstances that would suggest a renewed need for Psychosocial Rehabilitation Services**

*Enter documentation of circumstances, as determined by the consumer and recovery team, that would suggest a renewed need for psychosocial rehabilitation services*

1. **Signatures\***

Consumer Date

Guardian/Parent Date

Service Facilitator Date

Mental Health or Substance Abuse Professional Date

\*Requirement per DHS 36.17(5)(b)4: *For a planned discharge, the signature of the consumer, the service facilitator, and mental health professional or substance abuse professional. With the consumer's consent, this summary shall be shared with providers who will be providing subsequent services*.