

DISCHARGE REPORT

(TCU WOMEN AND CHILDREN RESIDENTIAL FORMS)

[FORM 309; CARD 01]

SITE #:	CLIENT ID#:	COUNSELOR ID#:	TODAY'S DATE:
_ _	_ _ _ _ _ _ _	_ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _
[6]	[7-10]	[11-12]	MO DAY YR [13-18]
Is this form being completed by the case manager? 0=No 1=Yes [19]			
ADMISSION DATE:			_ _ _ _ _ _ _ _ _ _ _ _
			MO DAY YR [20-25]
OFFICIAL DISCHARGE DATE:			_ _ _ _ _ _ _ _ _ _ _ _
			MO DAY YR [26-31]
TOTAL DAYS IN PROGRAM:			_ _ _ _ _
			# DAYS [32-34]
CHILD IDS:	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
	[35-38]	[39-42]	[43-46] [47-50]

1. **REASON FOR DISCHARGE:** |_|_|_|_|_| [51-52]
CODE #

1. SUCCESSFULLY COMPLETED treatment
(i.e., in counselor's judgment, client no longer needs drug abuse treatment)
2. TRANSFERRED to another drug abuse treatment agency at client's request
3. TRANSFERRED to another agency because client's non-drug abuse needs
(i.e., mental health or physical health issue)
4. LEFT to care for children not eligible for admission to program
5. LEFT against medical advice/clinical staff advice
- *6. DECEASED
7. HOSPITALIZED
8. INCARCERATED
9. DISCHARGED due to NON-COMPLIANCE with agency rules
10. Completed minimal treatment requirements (Certificate of Completion)
11. Other (Specify) _____

***IF REASON IS DEATH:**

a. Date of death	_ _ _ _ _ _ _ _ _ _ _ _	
	MO DAY YR	[53-58]
b. Place of death.....	_____ COUNTY STATE _____	
c. Cause of death (ICD-9 code) if possible _____	_____	

2. Date of last counseling session? |_|_|_|_|_|_|_|_|_|_|_|_|

MO DAY YR [59-64]

3. Date locator form updated? |_|_|_|_|_|_|_|_|_|_|_|_|

MO DAY YR [65-70]

- 4. Date phase progress report updated?.....

MO	DAY		YR		

 [11-16]
- 5. Date Aftercare and Discharge Plan completed and signed?.....

MO	DAY		YR		

 [17-22]
- 6. Date TCU Client Surveys completed?.....

MO	DAY		YR		

 [23-28]

7. Indicate to which of the following services the client was referred following discharge.

NO	YES
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NO	YES
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- | | |
|---|--------------------------------------|
| a. Mental health services..... 0 1 [29] | f. Employment services..... 0 1 [34] |
| b. Medical services 0 1 [30] | g. Housing..... 0 1 [35] |
| c. Family counseling..... 0 1 [31] | h. Legal services..... 0 1 [36] |
| d. Parenting..... 0 1 [32] | i. Other, specify 0 1 [37] |
| e. Education/training..... 0 1 [33] | j. Parenting & family..... 0 1 [38] |

8. Does client have a full time job?.....0=No* 1=Yes [39]

9. Does client have a part-time job?0=No* 1=Yes [40]

*IF “NO”, TO BOTH QUESTIONS:

- a. Is client enrolled in a full time education or training program?0=No 1=Yes [41]
- b. Is client actively seeking employment?.....0=No 1=Yes [42]

10. Does client have confirmed living arrangements at discharge?0=No 1=Yes [43]

11. At discharge, was client reunified with children who were not in treatment with her?.....0=No 1=Yes* [44]

*IF “YES”:

- a. With how many children?

# CHILDREN	

 [45-46]

12. How many children were in treatment with their mother at discharge?.....

# CHILDREN	

 [47-48]

Circle the most appropriate response options for each item:

13. In your opinion, was treatment successful?1=Successful 0=Unsuccessful [49]

14. In your opinion, is prognosis.....4=Good 3=Fair 2=Poor 1=Guarded [50]

INFLUENCE OF FAMILY & FRIENDS:

Circle your response for each question. **Extended family** refers to parents, siblings, and other relatives. **Friends** refer to old friends, new friends, or women the client has met in treatment. Because many of the **children** may be too young to provide support, “support from children” refers to the mother’s feelings about parental responsibility.

1. Do you think the client’s **extended family** influenced the client’s decision to leave First Choice?0=No 1=Yes 8=N/A [51]

*IF “YES”:

a. Did extended family <u>primarily</u> support drug use, support neither drug use nor abstinence, or support abstinence?0=Support 1=Support 2=Support <i>Drug Use</i> <i>Neither</i> <i>Abstinence</i>	[52]
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2. Do you think the client’s **partner/spouse** influenced the client’s decision to leave First Choice?0=No 1=Yes 8=N/A [53]

*IF “YES”:

a. Did partner/spouse <u>primarily</u> support drug use, support neither drug use nor abstinence, or support abstinence?0=Support 1=Support 2=Support <i>Drug Use</i> <i>Neither</i> <i>Abstinence</i>	[54]
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3. Do you think the client’s **children** influenced the client’s decision to leave First Choice?0=No 1=Yes 8=N/A [55]

*IF “YES”:

a. Did children <u>primarily</u> support drug use, support neither drug use nor abstinence, or support abstinence?0=Support 1=Support 2=Support <i>Drug Use</i> <i>Neither</i> <i>Abstinence</i>	[56]
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4. Do you think the client’s **friends** influenced the client’s decision to leave First Choice?0=No 1=Yes 8=N/A [57]

*IF “YES”:

a. Did friends <u>primarily</u> support drug use, support neither drug use nor abstinence, or support abstinence?0=Support 1=Support 2=Support <i>Drug Use</i> <i>Neither</i> <i>Abstinence</i>	[58]
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CLIENT CHARACTERISTICS:

Please **circle** your response for each question:

	<u>DISAGREE</u>		NOT		<u>AGREE</u>			
	STRONGLY		SURE		STRONGLY			
1. The client worked the program in a positive way (sincerely participated) while at First Choice.	<u>1</u>	2	3	4	5	<u>6</u>	7	[59]
2. <u>At discharge</u> , it seemed likely that the client would stay clean and sober after leaving First Choice.	<u>1</u>	2	3	4	5	<u>6</u>	7	[60]
3. <u>At discharge</u> , it seemed as if the client had made significant changes in her life.	<u>1</u>	2	3	4	5	<u>6</u>	7	[61]

A. ASSESSMENT OF CLIENT'S PROGRESS: _____

B. SERVICES/THERAPEUTIC TECHNIQUES PROVIDED: _____

C. CLIENT'S IDENTIFIED NEEDS & PROBLEMS: _____

D. CLIENT GOALS

DISPOSITION

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

E. COMMENTS: _____

F. _____

STAFF SIGNATURE

DATE