



INDEPENDENT LIVING PROGRAM: DISCHARGE SUMMARY

State Form 53247 (4-07) / CW 3347

Name of client	Date of completion (month, day, year)
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Please check the appropriate box

1. Did you hold a job, either full-time or part-time for at least three (3) consecutive months in the past six (6) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you participate in an apprenticeship, internship, or other employment-training situation, either paid or unpaid, for at least three (3) consecutive months in the past six (6) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you currently have a savings, checking or money market account or certificate of deposit (CD) at a financial institution such as a bank or investment company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever received a vocational certificate or vocational license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. During the past six (6) months, were you enrolled in and attending any of the following: high school, GED classes, a vocational training program, or college?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Currently, is there at least one (1) adult in the community to whom you can go for emotional support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Currently, is there at least one (1) adult in the community to whom you can go for job or school advice or guidance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. During the past seven (7) months, were you referred for substance abuse assessment or counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. During the past seven (7) months, were you incarcerated or detained in a jail, prison, or juvenile detention facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Female: Did you give birth to a child in the past six (6) months? Male: Did you father a child in the past six (6) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
11. After discharge, will you have health insurance that covers physical health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. After discharge, will you have health insurance that covers mental health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you currently require ongoing medication prescribed by a doctor to maintain your physical or mental health?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. In the future, will you be able to do what is necessary to continue taking your medication, getting a doctor's prescription, getting the prescription filled, and paying for the medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you received all the following documents: birth certificate, Social Security card, medical records, and educational records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Were you given information on how to obtain all documents which were not provided to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Family Case Manager or Probation Officer	Signature of Interviewee
Name of Family Case Manager or Probation Officer	Name of Interviewee