DISCHARGE SUMMARY		
	DATE:	
TO		
h and description of som	·i a a a)	
SUMMARY OF PROGRAM STAY (include length and description of services)		
	TO	



MEDICATIONS	
PLAN FOR CONTINUATION	
VOCATIONAL/EDUCATIONAL/FINANCIAL STATUS	
DISCIPLINARY ACTION (attach any non-compliance warnings))
REASONS AND NOTIFICATIONS OF GRIEVANCE	
REFERRAL	
FOLLOW UP PLAN 12 Step meetings	
Group Counseling	
Individual counseling	
Resources needed and referrals made	
Aftercare services by program	
STAFF SIGNATURE	DATE

