

Dane County Comprehensive Community Services  
**Discharge Summary**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Reason for Discharge:

- Client achieved discharge criteria in Recovery Plan.
- Client, or parent/guardian, no longer wants CCS Services.
- The whereabouts of the client are unknown for at least 3 months, despite efforts to locate the client (explain 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).
- The client enters a long term care facility for medical reasons and is unlikely to return to community living.
- Psychosocial rehabilitation services are no longer needed.
- The client is deceased.

Explain:

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Status/Condition at Discharge: (include progress towards Recovery Plan outcomes)

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Circumstances that would suggest a renewed need for CCS Services:

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Follow-Up Services After Discharge:

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I have been provided with, or offered, a copy of my Discharge Summary.

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Client Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Guardian/Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Service Facilitator Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Mental Health Professional Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Substance Abuse Professional Signature

\_\_\_\_\_

Date