



# California Access to Recovery Effort

(CARE)

Form 18

## SERVICE DISCHARGE SUMMARY

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ (date client was last seen by provider)

Provider Name: \_\_\_\_\_ Provider ID: \_\_\_\_\_

### REASON FOR DISCHARGE:

- |  |   |
|--|---|
| <input type="radio"/> Completed treatment                    | <input type="radio"/> Client involuntarily discharged |
| <input type="radio"/> Client transferred to another provider | <input type="radio"/> Client dropped out/lost contact |
| <input type="radio"/> Client incarcerated                    | <input type="radio"/> Client died                     |
| <input type="radio"/> Client moved out of service area       |   |
| <input type="radio"/> Other (specify): _____                 |   |

### SERVICE OUTCOME:

Does client need further treatment at this time? [ ] No [ ] Yes: Specify recommendations

or referrals made: \_\_\_\_\_

\_\_\_\_\_

**Service Provider:** You must complete this form on the VMS, fax a copy to the client's assessment provider, and place a copy in the client's file.

**Assessment Provider:** If the client is no longer receiving any CARE services, you must contact the client and complete a Discharge GPRA.

CARE CALL CENTER | 1-866-350-8773 | OFFICE HOURS: MON - FRI, 8 AM TO 5 PM