

**Case Management Standard Discharge Summary
(service # 1800 in CAREWare)**

Client Name/ID: _____ **Case Manager:** _____

Date of Closure: ___/___/_____

Reason for Closure (select ONE):

- Referred/discharged: Client referred to another program, client is self-sufficient, client voluntarily leaves program, client refuses to participate
- Removed due to violation of rules
- Incarcerated
- Relocated/moved
- Deceased (select Inactive/Case Closed as enrollment status in CAREWare)
- Unknown/lost to care

Housing Type/Status: _____

Brief Narrative (client status, services provided, service dates, objectives, needs met, services terminated):

Summarize Conference with Client/Guardian (if applicable):

Grievance/Appeals Materials Provided: Yes No

Referrals Made:

- Logged service #1800 in CAREWare
- Updated CM assigned in CAREWare to "Discharged"

Case Manager Signature: _____

Date: _____

If discharge initiated by agency, not client:

Supervisor Signature: _____

Date: _____