

CLIENT DISCHARGE FORM/DISCONTINUATION OF SERVICES

Client Discharge Date: _____

Once you receive notification or once you give notice to discontinue services your current Agency administrator will coordinate with new provider/person to ensure that all documents (copies) pertaining to resident are given to new caretaker and any information needed to ensure a smooth transition of care.

Your new agency contact person and the Agency administrator will be working together to ensure the appropriate service are going to be given according to service agreement.

The administrator will notify client's family members with a discharge date and evidence of the discharge.

If client is moving they will need to coordinate those details with responsible representative of the agency and payee.

Upon discharge date, the agency will provide client with the following:

Case information, discharge documents and the remaining supply of the client's current medications and remaining supplies in the medication unit. Any refund or deposit if client has a surplus. (Any monies will be refunded within 7 business days from resident discharge.

- Contact information for the current agency and contact information for the new agency Administrator who will be providing new services.

When possible, (if applicable) the circle of friends/family, your CASE Coordinator/manager, should or may be available to assist client also.

Agency Administrator signature: _____ Date: _____

Client signature: _____ Date: _____

New agency administrator signature (if applicable): _____

Date: _____

Resident payee/responsible party signature: _____ Date: _____