SAVE

PRINT

TRANSITION/DISCHARGE SUMMARY

My Life Story (Psychosocial History): My Strengths, Abilities, Needs and Preferences:			
☐ Community Housing ☐ Employment ☐ Vocational Services			
Individual's Name:		**DOB:**	
SSN:		**MIS #:**	
Medical/Medicaid #:		**Medicare #:**	
Address:		**City, State & Zip:**	
Admission Date:		**Transition Date:**	
Guardianship			

Strengths, Abilities, Preferences:

Needs:

I need help with the following things:

My Spiritual, Cultural, and Sexual Preferences:

SPIRITUAL:
CULTURAL:
SEXUALITY:

My goals that I have accomplished:

According to my IP meeting which was held on , my goals are

My Future Goals:

My Medical Issues:

I am currently diagnosed with

My Medications (include dosage and response):

6600 Amberton Drive ~ Elkridge, Maryland~21075
Office: 410-579-6789~Fax: 410-796-1201~Toll Free: 1-800-269-0383~TTY: 410-579-6913
info@centerforsocialchange.org

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I am taking the following medications:.

My Reason for Withdrawal

I am transitioning from this program because (check all that apply):

☐	I voluntarily withdraw/my goals achieved	☐	I voluntarily withdraw/My goals **not** achieved
☐	Your services are not appropriate for me	☐	I want a referral to alternative services
☐	I moved out of the area	☐	I'm in the hospital
☐	I'm in Jail/SETT	☐	I'm not satisfied with these services
☐	Other:		

My satisfaction with Treatment/Services Received:

☐	Very satisfied	☐	Somewhat Satisfied
☐	Satisfied	☐	Somewhat Dissatisfied
☐	Very dissatisfied	☐	other:

Comments:

My New Referral Resources

Name of Agency	Address	Telephone	Contact Person	Days and Hours

Other :

I authorize the following staff person to contact me for follow-up with me:

- Dana Dimas Director of Programs Center for Social Change
- Program Specialist

I have received all the necessary information regarding the discharge.

Person Served _____ Date _____

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Guardian of Person	Date
CSC Representative	Date

Attachments: (Example)

- Individual Plan
- Behavior Plan (if Applicable)
- Insurance Card/ Health Passport
- Health and medical documents
- Upcoming appointments schedule
- IEP

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