**Department of Social Services**

**Juvenile Justice Reinvestment Initiative**

**DISCHARGE FORM**

**Agency Completing the Form: Southern Plains Behavioral Health Services**

­­­­­­­­­­­­­­**Client Information:**

|  |  |  |
| --- | --- | --- |
| Client First Name: George | Client Last Name: Thompson | STARS ID: 012301012000MCA |
| Discharge Date: 01/31/2019 | Date of First Session:       | Date of Last Session:       | Number of Sessions Billed:       |
| Reason for Discharge: Successful Completion | Discharge Description Choose an item.:  |
| \*\*If the reason for Discharge is “Never Began”, please specify the never began reason: Choose an item. |

**Discharge Documentation:**

**Program Attended/Referred to if “Never Began”:**

 [ ] FFT [ ]  MRT [ ]  ART [x]  MH Assessment

 **Summary of Services or Attempts made to Contact Youth/Family:** An assessment was completed with George and his family. He are being referred to individual sessions and he has his fist session scheduled for 02/05/2019.

 **Discharge Recommendations:**

[x]  Individual Sessions [ ]  Medication Management [ ] Family Counseling

[ ]  Group Therapy, if so please identify:

[ ]  Other Support Services:

**Was a referral made to the recommended service?**  [x] Yes [ ]  No If no, please explain: