**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  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:**

Individual Sessions  Medication Management Family Counseling

Group Therapy, if so please identify:

Other Support Services:

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