|  |  |  |
| --- | --- | --- |
| DDAP-EFM-1007 12/15 | **Client Discharge**(Required fields are in **BOLD**) | **Provider Location:**       **Provider Name:**       **DDAP License #:**        |
| **UCN:** |       |  |
| **First Name:**  |       | M.I.: |    | **Last Name**: |       | Suffix: |       |  |
|  |  |  |  |  |
| **Admit Date:** |       | **Discharge Date**: |       |  |
| **Last Treatment Date**: |       | **Discharge Reason**: |  |  |
|  |  (Please Select) |  |
| If Discharge Reason is “Terminated by Facility” or “Transferred to Other D&A Facility”, then answer the following: |
| Did the client request an alternate provider referral? [ ]  Yes [ ]  No |
| If yes, was an alternate referral made? [ ]  Yes [ ]  No |
| Reason why client requested provider change? |  |  |
|  | (Please Select) |
| **GENERAL** |
| **Living Arrangement**: |  |  |
|  (Please Select) |  |
| **Employment Status**: |  | Detail not in Labor Force: |  |  |
|  (Please Select) | (**Required if Employment Status is “Not in Labor Force”)** |  |
| **No. of Client Arrests 30 Days Prior to Discharge**: |       |  |
| **Frequency of self-help program attendance in the 30 days prior to discharge**: |  |  |
|  | (Please Select) |  |
|  |  |
| **SUBSTANCE ABUSE AT DISCHARGE** |
| **PRIMARY DRUG** |  |
| **Substance Abused**: |  | **Frequency**: |  |  |
| (Please Select) (Please Select) |  |
| **SECONDARY DRUG** |  |
| Substance Abused: |  | Frequency: |  |  |
| (Please Select) (Please Select) |  |
| **TERTIARY DRUG** |  |
| Substance Abused: |  | Frequency: |  |  |
| (Please Select) (Please Select) |  |
| Additional Information:       |

Form to be submitted to SCA if required by the SCA for case management purposes.

INFORMATION MUST BE RETAINED BY THE PROVIDER FOR FEDERAL REPORTING