### Transition: Program Discharge Form

Client ID: Study ID:

Date of Client Discharge:

Staff Completing Discharge:

Type of Discharge (check all that apply):

* Completed Intervention (transitioned to SOC)
* Client Inactivity
* Client Moved
* Medical Complications
* Behavioral
* Limited Agency Capacity

Was a disruptive behavior contract enforced for this client? (Circle One) Y N

Final Assessment of Client:

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Please describe any additional information regarding client’s discharge:

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Attached supporting documentation (where applicable):

* Behavioral Contract
* Correspondences
* Incident Reports
* Action Plans
* Other:

*This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative* Building a Medical Home for HIV Homeless Populations*. Learn more at* <http://cahpp.org/project/medheart/models-of-care>