

Discharge Checklist

Discharge Eligible	Complete	Notes
▪ Client has been engaged 3+ months		
▪ Acuity reassessed in all domains		
▪ Housing application completed		
▪ Housing secured		
▪ Case management secured		
▪ Client linked to medical home		
▪ Increased CD4		
▪ Undetectable VL/ARV adherence		
▪ Psych medication adherence		
▪ Transition plan developed with client		

Follow-up Item	Complete	Notes
▪ Referral source contacted about transition		
▪ New appointment monitored for adherence		
▪ All documentation/progress notes completed for this client		
▪ Inform EC of discharge to assist with monitoring follow up survey		
▪ Collect most up to date contact information for follow up		

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>