

Client Discharge Plan Instructions

REQUIRED FORM:

Program shall develop a discharge plan with client within thirty (30) days prior to the anticipated discharge date, *except when program loses contact with client* (Note: If program loses contact with client, then complete a Discharge Summary). Plan shall detail client's triggers and how to avoid a relapse along with what support will be provided to the client after completing the program. (Reference 22 CCR 51341.1)

WHEN:

This form must be completed within 30 calendar days prior to the date of the last face-to-face treatment with the client.

COMPLETED BY:

Developed with client and reviewed by counselor or agency representative

REQUIRED ELEMENTS:

- **Client Name:** Complete client's full name.
- **Planned Discharge Date:** Client completes the anticipated discharge date.
- **Recovery and Support Plan:** Client completes questions in all sections including relapse triggers, how to avoid the identified relapse triggers, physical and mental health, housing, financial/employment/education, and legal.
- **Client given a copy of this Client Discharge Plan:** Indicate that client was given a copy of discharge plan by selecting the check-box.
- **Client's Signature and Date:** Client must print name, sign and date after completion of the form.
- **Counselor's Signature and Date:** The counselor must print name, sign and date after reviewing the completed form.

REFERENCE: Title 22 CCR 51341.1