

**EASA PROGRAM – QUARTERLY OUTCOME - DISCHARGE FORM**  
(Use only if client discharged out of the program after Intake Visit was completed)

<b>AGENCY IDENTIFIERS</b> – Entered at 'Participant' level – please update any 'Unknown' or 'Missing' values		
Client (Agency) ID # _____	Prime # (OHP/ Medicaid ID) _____	Client Initials _____

<b>FORM DETAILS</b>					
Year <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					Quarter <input type="radio"/> 1 Jan-Mar <input type="radio"/> 2 Apr-Jun <input type="radio"/> 3 Jul-Sep <input type="radio"/> 4 Oct-Dec

<b>LIVING SITUATION, SUPPORT, LEGAL &amp; MISC.</b>
<b>Legal Involvement for the last quarter</b> (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Probation/ Parole <input type="checkbox"/> Incarcerated <input type="checkbox"/> Arrested <input type="checkbox"/> Unknown

<b>EDUCATION &amp; EMPLOYMENT</b>										
Last grade completed _____										
<b>Educational Milestones client has Completed</b> (check all that apply) <table><tr><td><input type="checkbox"/> Middle school</td><td><input type="checkbox"/> BA or BS degree</td></tr><tr><td><input type="checkbox"/> Some high school</td><td><input type="checkbox"/> Voc/ Tech certificate/degree, specify _____</td></tr><tr><td><input type="checkbox"/> GED</td><td><input type="checkbox"/> Unknown</td></tr><tr><td><input type="checkbox"/> High school graduate</td><td><input type="checkbox"/> Other, specify _____</td></tr><tr><td><input type="checkbox"/> AA or AS degree</td><td><input type="checkbox"/> None</td></tr></table>	<input type="checkbox"/> Middle school	<input type="checkbox"/> BA or BS degree	<input type="checkbox"/> Some high school	<input type="checkbox"/> Voc/ Tech certificate/degree, specify _____	<input type="checkbox"/> GED	<input type="checkbox"/> Unknown	<input type="checkbox"/> High school graduate	<input type="checkbox"/> Other, specify _____	<input type="checkbox"/> AA or AS degree	<input type="checkbox"/> None
<input type="checkbox"/> Middle school	<input type="checkbox"/> BA or BS degree									
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<input type="checkbox"/> GED	<input type="checkbox"/> Unknown									
<input type="checkbox"/> High school graduate	<input type="checkbox"/> Other, specify _____									
<input type="checkbox"/> AA or AS degree	<input type="checkbox"/> None									

**AGENCY IDENTIFIERS** – Entered at 'Participant' level – please update any 'Unknown' or 'Missing' values

Client (Agency) ID # \_\_\_\_\_ Prime # (OHP/ Medicaid ID) \_\_\_\_\_ Client Initials \_\_\_\_\_

**DISCHARGE TRANSFER**

Discharge Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Date Client Received Services \_\_\_\_/\_\_\_\_/\_\_\_\_

**Did Client have a Transition Plan when they were**

**Discharged?**

- Yes
- No
- Unknown

**Primary Reason for Discharge from EASA**

- Completed Program – Achieved all or most of program goals
- Completed Program – Achieved some program goals
- Completed Program – Achieved few or none of program goals
- Moved, specify where\* \_\_\_\_\_
- Discharged/ Lost Contact
- Chose other services, specify \_\_\_\_\_
- Not appropriate for the program
- Incarceration
- Suicide
- Death (not suicide)
- Other, specify \_\_\_\_\_
- Unknown

**\*Referred to a Different EASA County/ Agency?**

- Yes
- No
- Unknown

**\*Agency Name Client Referred To**

\_\_\_\_\_

} Complete questions to right