

**EASA PROGRAM – DISCHARGE FORM**

(Use only if client discharged out of the program after Intake Visit was completed)

**IDENTIFIERS – Entered at ‘Participant’ level – please update any ‘Unknown’ or ‘Missing’ values**

Full Name \_\_\_\_\_ DOB \_\_\_\_\_

**FORM DETAILS**

Year     Quarter  1 Jan-Mar  2 Apr-Jun  3 Jul-Sep  4 Oct-Dec

**DISCHARGE TRANSFER**

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

Did Client have a Transition Plan when they were Discharged?

Yes  
 No

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