

VISN 2 HCHV Contract Residential– Discharge Summary

Client Name:

Intake Date:

Discharge Date:

Exit Destination (Address/Program):

1. Was client able to take care of personal hygiene? Yes No
Comments:

2. Did client participate in residence activities (house meetings, goal planning, etc.)? Yes No
Comments:

3. Did client respond positively to Case Management? Yes No
Comments:

4. Did client participate in any social/vocational activities (AA/NA meetings, church, employment groups, etc.) while residing in shelter? Yes No
Comments:

5. Please select from the below that best describes the Veteran's housing status upon discharge:

 Having one's own apartment, room or house
 Halfway House/Institution/other residential level of care
 None
 Unknown/Other

Comments:

Staff Signature: _____ Date: _____

Client Signature: _____ Date: _____