

Behavioral Health Administration 55 Wade Avenue - Dix Building SGHC - Catonsville, Maryland 21228

RESIDENTIAL REHABILITATION PROGRAM DISCHARGE INFORMATION FORM

Consumer's Name:			
Consumer's ASO member #:		Consumer's Date of Birth:	
DDDD 11 4 N		-	
Consumer's RRP address:			
Consumer's level of care while in RRP:	Specia	lty Bed Designation:	
General:	None:		ITCOD:
Intensive:	TAY:	DD/MH:	Geriatric:
Date of admission to RRP:			
Date of discharge from RRP:		-	
Type of discharge:		Initiated by:	
Planned:		Consumer:	
Unplanned:		Program:	Mutual Plan:
Was the Core Service Agency (CSA)/Local B	ehavior		
Discharge/Transition Plan? Yes	No	ar freuith rathorny (EE	in in the the
Briefly describe circumstances of discharge:	110		
briefly describe circumstances of discharge.			
Address at time of discharge: Briefly describe transition plan:			
Level of Care (LOC) discharged to:		Housing Discharged to:	Date of Occupancy:
Case Management		ndependent Living	
Outpatient Mental Health Center		ermanent Supported Housing Pr	rogram
Private Psychiatrist/Therapist Supported Employment	A	ssisted Living Home iving with Family/Friends	
General Hospital facility (medical)		ransitional Housing Program	
General Hospital facility (psychiatric)		omeless Shelter	
Rehabilitation facility/Nursing Home		ther housing (describe):	
ACT/or Mobile Treatment Services	C	onsumer refused services	
Substance Use Services – inpatient or outpatient	D-4£1	I.::::::::::::::::::::::::::::::::::::	
Psychiatric Rehabilitation Program onsite or offsite State Psychiatric Hospital	Name of	Service Provider:	
Residential Crisis Bed	Site Loc	ation:	
Signature of RRP Staff:		Title/Crede	ntials:
Printed Name:		Phone #:	
Printed Name:	/		

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