

Transitional Living Program Discharge Summary

Client Name

Date of Birth

Program Entry Date

Discharge Date

Case Manager

Reason for Discharge

Progress Summary

Overall Progress and Achievements

Housing Status at Discharge

Employment/Education Status at Discharge

Connections to Services and Supports

Aftercare Plan

Summary of Aftercare Plan

Referrals Provided

Contact Information for Follow-up

Additional Comments

Completed By

Date