

Discharge Summary

_____ has been discharged from the Peer Support Program effective

_____ for the following reason(s):

- The member is not expected to receive any additional rehabilitation benefit from the program and discharge will not result in the loss of rehabilitation gains or goals attained by the member.
- The member has successfully achieved all goals set forth in the individual service plan and has sustained them for a period of time.
- The member has voluntarily withdrawn himself/herself from the program.

Upon discharge, the member has:

- been informed of his/her right to appeal.
- been informed of his/her right to return to the program.
- had input and participated in the completion of this discharge plan.

Program Summary

Date Entered Program: _____

Goal(s) Established:

Summary of Participation in Program:

After-Care/Follow-Up

Resources/supports, including natural supports, member will utilize to maintain gains achieved:

Member's Signature: _____ Date: _____

CPS Signature: _____ Date: _____

MHP Signature: _____ Date: _____