

**CARBON-MONROE-PIKE MH/DS
724 PHILLIPS STREET, SUITE 202
STROUDSBURG, PA 18360**

TARGETED CASE MANAGEMENT DISCHARGE SUMMARY

Consumer's Name:		BSU #:	
Case Manager:		DOB:	
Admission Date:		Discharge Date:	
Admission LOF:		Discharge LOF:	
Admission Diagnosis:		Discharge Diagnosis:	
Consumer's Age:	Marital Status:	Employment Status:	
Family/Social Constellation:			
Presenting Problem at time of referral to TCM program:			
Course of TCM Involvement (specify types of intervention, contacts, networking, linking, activities, etc.):			

Client Goals (Please indicate goals included in Service Plans and movement toward achievement):

Response to Services:

Reason for Termination:

Follow-up Plan:

Additional Comments:

Consumer/Guardian's Signature: _____ **Date:** _____

Targeted Case Manager's Signature: _____ **Date:** _____

TCM Supervisor's Signature: _____ **Date:** _____

MH/DS Administrator/Designee's Signature: _____ **Date:** _____

BSU STATUS: Is consumer currently, or has received within the last 12 months, any of the following services:

<input type="checkbox"/> FSS/Gift Cards	<input type="checkbox"/> Rx, Eval paid w/ BSU funds	<input type="checkbox"/> Behavioral Health Services paid w/ BSU funds
<input type="checkbox"/> HRC	<input type="checkbox"/> Housing Support Services	<input type="checkbox"/> Medicare w/ Behavioral Health Serv paid w/ BSU funds
<input type="checkbox"/> MH Subsidized Housing	<input type="checkbox"/> Mainstream Housing Voucher	<input type="checkbox"/> Respite (w/ active authorization pending services)

If any of the above criteria was met, consumer should remain open with the BSU, please coordinate intake appointment for ACM Services.