



Carbon-Monroe-Pike Mental Health and Developmental Services

Tina L. Clymer, MS, LPC, Administrator

TARGETED CASE MANAGEMENT DISCHARGE SUMMARY

Consumer Name:		BSU#	
Case Manager:		DOB:	
Admission Date:		Discharge Date:	
Admission LOF:		Discharge LOF:	
Admission Diagnosis:		Discharge Diagnosis:	
Consumers Age:		Marital Status:	Employment Status:
Family/Social Constellation:			
Reason for referral to TCM program:			
Course of TCM involvement. Specify types of intervention, contacts, networking, linking, and 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
 Signature/Date

 Targeted Case Manager
 Signature/Date

 TCM Supervisor
 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 with 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.		