

**Substance Use Disorder
Client Transfer/Termination Form
Community Counseling Services**

Rev 01/17

Case Name: _____

Case Id#: _____

Date _____

Transfer - Date of Transfer _____ Location _____ Program Transfer _____

Termination - Date of Termination _____

County of Residence at Termination _____

Termination Exit Status _____

Termination Exit Referral Category _____

Referral Organization Code _____

Education Level at Termination _____

Employment Status _____

Type of Living Arrangements _____

Type of Residence at Termination _____

Number of Arrest in the last 30 days at termination _____

Type of Arrest I _____

Type of Arrest II _____

Type of Arrest III _____

Drug Involvement Improvement Yes-1 No-2 Unknown-8

Dysfunctional Level Improved Yes-1 No-2 Unknown-8

Dependency Level Improvement Yes-1 No-2 Unknown-8

Termination-Substance Problem I _____ Substance Problem II _____ Substance Problem III _____

Termination-Frequency of Use I _____ Frequency of Use II _____ Frequency of Use III _____

Vocational Rehabilitation Status _____

Type of Recovery Support Services I _____

Type of Recovery Support Services II _____

Type of Recovery Support Services III _____

Individual Receiving Services Signature

Date

Staff Signature

Date

<p><u>Termination Status</u> 1 Evaluation only 2 Treatment completed 3 Therapist terminated treatment 4 Client referred elsewhere 5 Client terminated treatment 6 Client moved from region 7 Client deceased 8 No contact in specified time</p>	<p><u>Termination referral category (Codes 1-3 need a referral organization)</u></p> <table border="0"> <tr> <td>01 DMH psychiatric hospital</td> <td>13 Police/ Sheriff</td> </tr> <tr> <td>02 Other MS CMHC</td> <td>14 Court/correctional facility</td> </tr> <tr> <td>03 DMH MR facility</td> <td>15 Probation/parole</td> </tr> <tr> <td>04 Private psychiatric hospital</td> <td>16 Self Help Program</td> </tr> <tr> <td>05 Other MH care provider</td> <td>17 Voc Rehab/job placement</td> </tr> <tr> <td>06 Other MR care provider</td> <td>18 Nursing home (non-DMH)</td> </tr> <tr> <td>07 Other A&D care provider</td> <td>19 Boarding home (non-DMH)</td> </tr> <tr> <td>08 General hospital/other provider</td> <td>20 Group Home (non-DMH)</td> </tr> <tr> <td>09 Self</td> <td>21 Other social services agency</td> </tr> <tr> <td>10 Family/friend</td> <td>97 Other</td> </tr> <tr> <td>11 School/educational agency</td> <td>98 Unknown</td> </tr> <tr> <td>12 Employer/EAP</td> <td>99 None</td> </tr> </table>	01 DMH psychiatric hospital	13 Police/ Sheriff	02 Other MS CMHC	14 Court/correctional facility	03 DMH MR facility	15 Probation/parole	04 Private psychiatric hospital	16 Self Help Program	05 Other MH care provider	17 Voc Rehab/job placement	06 Other MR care provider	18 Nursing home (non-DMH)	07 Other A&D care provider	19 Boarding home (non-DMH)	08 General hospital/other provider	20 Group Home (non-DMH)	09 Self	21 Other social services agency	10 Family/friend	97 Other	11 School/educational agency	98 Unknown	12 Employer/EAP	99 None	<p><u>Term Education Level</u> Grades 1- 12 are 01 -12 13 Ged 14 Technical/Trade school 15 Some College, no degree 16 Associate degree 17 Bachelor's degree 18 Master's degree 19 Ph.D. 51 Preschool/Kindergarten 52 Special education 98 Unknown 99 Never attended school</p>
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<p><u>D/C Employment Status</u> 01 EMPLOYED - full time 02 EMPLOYED - part time 03 EMPLOYED - Active military 04 Season/migrant worker 05 Unemployed - seeking work 06 Unemployed - not seeking work 07 Homemaker 08 FTS – Full time Student 09 Retried 10 Disabled 11 Correctional Inmate 97 Other 98 Unknown</p>	<p><u>Termination Residential Arrangements</u></p> 1 Private residence 2 Rooming House/Dormitory 3 Homeless 4 Institution (MR Facility etc.) 5 Community program (Group Home) 6 Correctional facility 7 Other 8 Foster Home 9 Residential Care 10 Crisis Residence 11 Children's Residential Treat 99 Not Available/Unknown	<p><u>No.Criminal Arrest 30 Days</u> -Provide the number of Arrests 00-None 01-99 Number of Arrests</p> <p><u>Type of Arrest at Termination I, II, III</u> 01 None 02 Public drunkenness 03 DUI 04 Drug violation 05 Other A&D offense 06 Other - A&D related 07 Other - not A&D related 98 Unknown</p>																								
<p><u>Termination Substance problem I, II, III</u></p> <table border="0"> <tr> <td>01 None</td> <td>12 Other Stimulants</td> </tr> <tr> <td>02 Alcohol</td> <td>13 Benzodiazepine</td> </tr> <tr> <td>03 Cocaine/crack</td> <td>14 Other tranquilizers</td> </tr> <tr> <td>04 Marijuana</td> <td>15 Barbiturates</td> </tr> <tr> <td>05 Heroin</td> <td>16 Other sedatives or hypnotics</td> </tr> <tr> <td>06 Non-prescription methadone</td> <td>17 Inhalants</td> </tr> <tr> <td>07 Other opiates and synthetics.</td> <td>18 Over the counter</td> </tr> <tr> <td>08 PCP (Phencylidine)</td> <td>97 Other</td> </tr> <tr> <td>09 Other hallucinogens</td> <td>98 Unknown</td> </tr> <tr> <td>10 Methamphetamine</td> <td>99 Not Available</td> </tr> <tr> <td>11 Other amphetamine</td> <td></td> </tr> </table>	01 None	12 Other Stimulants	02 Alcohol	13 Benzodiazepine	03 Cocaine/crack	14 Other tranquilizers	04 Marijuana	15 Barbiturates	05 Heroin	16 Other sedatives or hypnotics	06 Non-prescription methadone	17 Inhalants	07 Other opiates and synthetics.	18 Over the counter	08 PCP (Phencylidine)	97 Other	09 Other hallucinogens	98 Unknown	10 Methamphetamine	99 Not Available	11 Other amphetamine		<p><u>Frequency of Use I, II, III</u></p> 1 = No use in past month 2 = 1-3 times past month 3 = 1-2 times/wk past month 4 = 3-6 times/wk past month 5 = Daily past month <p><u>Vocational Rehab Services</u></p> 1 Employment VRservices ONLY 2 Maintenance support ONLY 3 Both employment related Services 8 Unknown 9 N/A (receives no VR)	<p><u>Services in Recovery Support</u></p> 01 Individual counseling 02 Group counseling 03 Family counseling 04 Alcoholics Anonymous 05 Education 06 Transitional residential treat 07 Employment 08 Medical 09 Other mental health center 10 Legal 97 Other 98 Unknown 99 None/Not application		
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