

Addendum to Discharge Summary for DMHMR Class Members

Client#
Provider#

This form is only needed if the client you are discharging is a DMHMR Class Member. If the client is not a DMHMR Class Member, please do not submit this form.

Client Name	DOB
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Please answer the following:

1. Did provider fill out DHHS "Agency Request to Terminate or Interrupt Services" Form and submit to the Consent Decree Coordinator (CDC) office?
 No Yes
2. Did agency give 30 days' advance written notice to client &/or guardian?
 No Yes
3. If the client poses a threat of imminent harm to persons employed or served by the agency, did agency give notice that is reasonable under the circumstances?
 No Yes
4. Did agency assist the client in obtaining the services of another agency?
 No Yes
5. For questions **A** through **D**, does the agency have written documentation of this (such as letters, progress notes, phone logs, facsimile, etc.)?
 No Yes

Provider Signature	Date
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Printed Name & Credentials

Supervisor Signature (if applicable)	Date
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