Client Name: Click here to enter text. Client ID#: Click here to enter text.

KK or TANF#: Click here to enter text. Date of Report: Click here to enter text.

Clinician Completing Report: Click here to enter text.

Report Submitted To: Click here to enter text.

Method of Submission: [ ] Email address: Click here to enter text.

 [ ] Fax#: Click here to enter text.

Identified Needs at Intake: Click here to enter text.

Initial condition and condition of consumer at discharge: Click here to enter text.

Summary of Current Medications, as appropriate: Click here to enter text.

Treatment Services Provided: Click here to enter text.

Summary of Treatment Outcomes: (attendance, attitude, participation, insight; changes in behaviors, etc.):

Click here to enter text.

Recommendations (continuing care plan, etc.): Click here to enter text.

Signature of Staff Member Completing Report: Click here to enter text. Date: Click here to enter text.