

**SUBSTANCE ABUSE PREVENTION AND CONTROL  
DISCHARGE FORM-RECOVERY HOUSING (RH)**

1. Today's Date:	2. Specify number of RH days for this episode:
<b>PATIENT INFORMATION</b>	
3. Name: (Last, First, Middle):	4. Date of Birth (MM/DD/YYYY):
5. Address:	
6. Phone Number:	Okay to Leave a Message? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Gender:	
8. Admission Date:	9. Discharge Date:
<b>RH AGENCY</b>	
10. Agency Name:	
11. Address:	
12. Contact Person:	
13. Contact Person Phone Number:	
<b>DISCHARGE INFORMATION</b>	
14. Please explain the reason for discharge:	
15. Participant exited Recovery Housing into: <ul style="list-style-type: none"> <li><input type="radio"/> Homelessness</li> <li><input type="radio"/> An Institution</li> <li><input type="radio"/> Temporary Housing</li> <li><input type="radio"/> Permanent Housing</li> <li><input type="radio"/> Unknown</li> <li><input type="radio"/> Other: _____</li> </ul>	
16. Has a housing referral initiated for this participant? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:	
17. Staff Name:	18. Staff Signature:

The information on this form will not be redisclosed without client consent.

**EXTERNAL SAPC REVIEW** *This section will include communication between SAPC and the agency/provider.*

Comments:

Assigned Staff:

Reviewed by:

Signature:

Date:

**INTERNAL SAPC USE ONLY** *This section is reserved for internal SAPC use only.*

Comments:

Assigned Staff:

Reviewed by:

Signature:

Date: \_\_\_\_\_

**RECOVERY HOUSING DISCHARGE FORM INSTRUCTIONS**

The discharge plan shall be completed within thirty (30) calendar days of the date of the last face-to-face contact with the patient.

1. Enter today's date.
2. Enter the number of days the patient was in RH for this particular episode.

**PARTICIPANT INFORMATION**

3. Enter the participant last name, first name, middle initial.
4. Enter the participant date of birth.
5. Enter the participant address.
6. Enter the participant phone number and check the box if it is okay to leave a message.
7. Enter the participant gender.
8. Enter the admission date into Recovery Housing.
9. Enter the discharge date from Recovery Housing.

**RH AGENCY**

10. Enter RH agency name.
11. Enter the RH agency address.
12. Enter the name of the contact person at the RH agency.
13. Enter the phone number of the contact person.

**DISCHARGE INFORMATION**

14. Please explain the reason for discharge.
15. Select most appropriate living situation the client went to after their discharge from RH.
16. Was a housing referral placed? Check yes or no, and explain whether or not a housing referral was placed.
17. Enter the staff name.
18. Enter the staff signature.

**EXTERNAL SAPC REVIEW**

This section will include communication between SAPC and the agency/provider.

**INTERNAL SAPC USE ONLY**

This section is reserved for internal SAPC use only.

**SUBMIT THE FORM TO:** [DPH-SAPC\\_HSU@ph.lacounty.gov](mailto:DPH-SAPC_HSU@ph.lacounty.gov)

*FOR ADDITIONAL SAPC DOCUMENTATION PLEASE SEE:* <http://publichealth.lacounty.gov/sapc/NetworkProviders/Forms.htm>