DISCHARGE REASON

[ ] G PROGRAM COMPLETED HERE - ALL GOALS
[ ] S PROGRAM COMPLETED HERE - SOME GOALS
[ ] E ELIGIBILITY LAPS ED
[ ] D CONSUMER DIED
[ ] F FAILED TO MEET CRITERIA
[ ] A ADMIN. DISCONTINUATION/LOSS OF CONTRACT
[ ] C CORRECTION/JAIL
[ ] R REFUSED SERVICE
[ ] T TX CONT. OTHER PROGRAM
[ ] O OTHER
[ ] U UNKNOWN

DRUG USE REDUCED

[ ] Y YES
[ ] N NO
[ ] U UNKNOWN
[ ] X NOT APPLICABLE

PRIMARY DEST./AGENCY CODE

[ ] T TRANSFERRED
[ ] R REFERRED
[ ] A ADVISED FURTHER SERVICES
[ ] N NO MORE SERVICES ADVISED
[ ] U UNKNOWN

SECOND. DEST./AGENCY CODE

[ ] T TRANSFERRED
[ ] R REFERRED
[ ] A ADVISED FURTHER SERVICES
[ ] N NO MORE SERVICES ADVISED
[ ] U UNKNOWN

TERTIARY DEST./AGENCY CODE

[ ] T TRANSFERRED
[ ] R REFERRED
[ ] A ADVISED FURTHER SERVICES
[ ] N NO MORE SERVICES ADVISED
[ ] U UNKNOWN

PERSON COMPLETING FORM ID

DATE OF COMPLETION