

OHIO'S RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAMS
Standardized Termination Form

Please indicate the circumstances surrounding the client's discharge from the program, including the date of discharge, type of discharge and plan for aftercare.

- 1) _____ Name of individual completing form
- 2) _____ Program Code 1=Diversified, 2= Mohican, 3 = MonDay, 4 = CCI, 5 = GRACE, 6 = Oriana, 7 = STAR, 8=NOVA, 9= River City
10= Cuyahoga, 11=NEOCAP, 12=Brown Youth Center, 13=EOCC, 14=Greene, 15=NW Ohio,
16=Alvis, 17=Talbert, 18=Mahoning, 19=Butler Juvenile, 20=Stark CTCC, 21=EOCC Dual Diagnosis
- 3) _____ Case Number
- 4) _____ Client Name
Last First Middle Initial
- 5) _____ SSN
- 6) Date of discharge ____/____/____ (MM/DD/YYYY)
- 7) _____ Type of discharge
- | | |
|---|--|
| 1 = Successful completion (achieved treatment plan goals) | 6 = Unable to participate due to reclassification, medical, out to court |
| 2 = Successful completion (completed required time but did not achieve treatment goals) | 7 = Arrested for a new crime |
| 3 = Unsuccessful termination (disciplinary, lack of participation/progress) | 8 = Convicted of a new crime |
| 4 = Voluntary withdrawal from program | 9 = Probation/Parole violation |
| 5 = Escape/Absconson | 10 = Other (specify: _____) |
- 8) _____ Living arrangements upon discharge
- | | |
|---------------------------------------|----------------------------|
| 1 = With family/relatives | 5 = Halfway house |
| 2 = With friends | 6 = Foster care |
| 3 = By him/herself in apartment/house | 7 = Other (specify: _____) |
| 4 = Group home | |
- 9) _____ Has continued drug/alcohol treatment been arranged for the client? 1 = Yes 2 = No
- 10) _____ Criminal justice placement upon release from program
- | | |
|------------------------------------|----------------------------|
| 1 = Probation supervision | 4 = Prison |
| 2 = Parole supervision (aftercare) | 5 = DYS institution |
| 3 = Jail | 6 = Other (specify: _____) |
- 11) _____ What instrument was used to assess the offender's needs and risks at termination?
1=LSI, LSIR or YoLSI, 2 = ASUS, 3 = PII, 4 = Other, or 9 = No assessment completed
- 12) _____ What overall risk level was determined? 1 = high, 2 = medium high, 3 = medium low,
4 = low, 9 = not applicable
- 13) Indicate if the following were assessed as need areas at termination: 1= Yes 2 = No
- | | |
|--------------------------|---------------------------|
| ___ education/employment | ___ companions |
| ___ financial | ___ alcohol/drug problem |
| ___ family/marital | ___ emotional/personal |
| ___ accommodation | ___ attitudes/orientation |
| ___ leisure/recreation | |