

Exit Summary

Identifying Information

Client: _____

Birth Date: _____

Parents/Guardians: _____

Address: _____

Phone Number: _____

Service History

Referral Source: _____

Initial Contact Date: _____

Services Start Date: _____

Date of Discontinuation: _____

Reason for Leaving: _____

Programs Accessed: _____

Length of Program(s): _____

Family Service Plan Summary: _____

Recommendations or Referrals:

Additional Comments:

Summary completed by:

A copy of the exit summary may be forwarded at the request of a referring source/alternate service, with the consent to release information provided by the individual/guardian to ASC.

Binder(s)	Adult Services, Family Support Services					Page:	1 of 1
Section(s):	Entry/Exit	A	Mar 18/14	R	Apr 18/18		
Program Area(s):	Adult Disability, Family Support Disability						