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**FINAL DISCHARGE LETTER**

(Can be designed as a fillable form)

Patient/Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This letter is notification that the above-named patient/client was provided 30 days advance written notice prior to this discharge date, unless the eligible recipient’s home constitutes an unsafe environment for provider staff and/or the eligible recipient.

The above-named patient/client is hereby discharged from the Community Health Worker (CHW) Program at <organization> for the following reason(s):

\_\_\_\_\_ The patient/client successfully completed the service plan goals and objectives

\_\_\_\_\_ The ordering provider determines that progress is being made toward the written objective and/or there is significant change in the patient/client’s condition. Services are no longer medically necessary.

\_\_\_\_\_ The patient/client asked for services to end

\_\_\_\_\_ The patient/client refused to participate in their treatment

\_\_\_\_\_ The patient/client is determined to be a chronic and imminent risk to harm others when in the program and/or has made a serious infraction

\_\_\_\_\_ The patient/client is unable to be contacted following a “no show” to an appointment. Program staff attempted to contact patient by phone following the “no show” to an appointment and, if unable to contact by phone, mailed letters to patient.

\_\_\_\_\_ The patient/client is a “no show” for three appointments

\_\_\_\_\_ The patient/client is non-responsive to reach out attempts and unable to get into contact with the patient

This is not an all-inclusive list. Additional reason(s) for discharge are reference below.

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CHW’s Name Date

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CHW’s Signature