



## VIANCARE

INCIDENT/DISCHARGE REPORT DATE OF REPORT: \_\_\_\_\_

LOCATION NAME: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

STAFF MEMBER NAME AND CONTACT #: \_\_\_\_\_

CLIENT'S NAME: \_\_\_\_\_ CASE MANAGER: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

### INCIDENT/DISCHARGE DETAILS

Funding exhausted  Alcohol/Drug Use  Curfew Violation  Left without permission

Failure to return  Failure to comply with house rules

Injury  Death  Other: \_\_\_\_\_

**Details of Incident:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### OUTCOME

Verbal Warning  Behavior Contract  Termination/Discharge  Written Notice

Suspension  Other: \_\_\_\_\_

### DISCHARGE (If Applicable)

Date of Discharge: \_\_\_\_\_ Is client eligible for re-referral?  Yes  No