STATE OF FLORIDA
SUBSTANCE ABUSE & MENTAL HEALTH
SUBSTANCE ABUSE DISCHARGE FORM

(* Mandatory Fields) (Reference: Chapter 6B, DCF Pam 155-2)

Client's Name:

1. *CONTRACTOR IDENTIFIER: ___ ___ - ___ ___ ___ ___ ___ ___ ___ Federal Tax Identification number ex. 59-1234567.	Page 6B - 4
2. *SITE IDENTIFIER: ___ ___	Page 6B - 4
3. *CLIENT SSN: ___ ___ - ___ ___ - ___ ___ ___ ___ The SSN must be 9 digits without dashes. It cannot start with 000 or 999. If unavailable use Pseudo-social. Instructions in SAMH Pamphlet	Page 6B – 4
4. CLIENT ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___	Page 6B - 4
5. *RESIDENT COUNTY: ___ ___	Page 6B - 4
6. *HIGHEST EDUCATION: ___ ___ ☐ 00 - No Schooling ☐ 01 – Grade 1 ☐ 02 – Grade 2 ☐ 03 – Grade 3 ☐ 04 – Grade 4 ☐ 05 – Grade 5 ☐ 06 – Grade 6 ☐ 07 – Grade 7 ☐ 08 – Grade 8 ☐ 24 – Grade 9 ☐ 25 – Grade 10 ☐ 26 – Grade 11 ☐ 27 – Grade 12 ☐ 28 - High School Graduate, Diploma/GED ☐ 30 - Associate's Degree (AA, AS, etc.) ☐ 31 - Bachelor's Degree (BA, BS, AB, etc.) ☐ 32 - Master's Degree (MS, MA, MSW, etc.) ☐ 33 - Professional Degree (MD, DDS, JD, etc.) ☐ 34 - Doctorate Degree (PhD, EDD, etc.) ☐ 35 – Special School ☐ 36 – Vocational School ☐ 37 – College Undergraduate Freshman (1st Year) ☐ 38 - College Undergraduate Freshman (2nd Year) ☐ 39 - College Undergraduate Freshman (3rd Year) ☐ 40 - College Undergraduate Freshman (4th Year) ☐ 41 - Kindergarten ☐ 42 – Nursery School/Preschool/Head Start	Page 6B - 4
7. *MARITAL STATUS: ___ ☐ 1 – Single ☐ 2 – Married ☐ 3 – Widowed ☐ 4 – Divorced ☐ 5 - Separated ☐ 6 - Unreported ☐ 7 - Registered Domestic Partner ☐ 8 - Legally Separated	Page 6B - 4
8. *HEALTH STATUS (HIPAA): ___ ☐ 1 - Agitated ☐ 4 – Depressed ☐ 7 - Other Mental Condition ☐ 2 - Comatose ☐ 5 - Forgetful ☐ 8 – Oriented ☐ 3 – Disoriented ☐ 6 – Lethargic	Page 6B - 4
9. *PREGNANCY TRIMESTER: ___ ☐ 1 - 1-3 Months ☐ 3 - 7-9 Months ☐ 5 - Unknown ☐ 2 - 4-6 Months ☐ 4 - Not Pregnant or male	Page 6B -4

10. *ADMISSION TYPE: ___

☐ 1 - Voluntary Competent ☐ 3 - Involuntary Competent

☐ 2 - Voluntary Incompetent ☐ 4 - Involuntary Incompetent

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11. *DRUG COURT ORDERED: ___

☐ 0 – No ☐ 1- Yes

Page 6B - 5

12. *INVOLVED IN CHILD WELFARE: ___

☐ 0 – No ☐ 1 – Yes

Page 6B - 5

13. *RESIDENTIAL STATUS: ___ ___

☐ 01 - Independent Living-alone
☐ 02 - Independent Living-with Relatives
☐ 03 - Independent Living –with Non-Relatives
☐ 04 - Dependent Living-with Relatives
☐ 05 - Dependent Living-with Non-Relatives
☐ 06 - Assisted Living Facility (ALF)
☐ 07 - Foster Care/Home
☐ 08 – Adult Residential Treatment Facility (Group Home)
☐ 09 – Homeless
☐ 10 – State MH Treatment Facility (State Hospital)
☐ 11 - Nursing Home
☐ 12 - Supported Housing
☐ 13 - Correctional Facility
☐ 14 - DJJ Facility
☐ 15 – Crisis Residence
☐ 16 – Children Residential Treatment Facility
☐ 17 – Limited Mental Health Licensed ALF
☐ 18 – Other Residential Status
☐ 99 - Not Available or Unknown

Page 6B - 5

14. *DEPENDENCY/CRIMINAL STATUS: __ __

☐ 00 – Insufficient Information

Adjudicated Children:
☐ 01 - Delinquent, in physical custody
☐ 02 - Delinquent, not in physical custody
☐ 03 - Dependent, in physical custody
☐ 04 - Dependent, not in physical custody
☐ 05 - Dependent & Delinquent, in physical custody
☐ 06 - Dependent & Delinquent, not in physical custody
☐ 07 - "Children in Need of Services" (CINS), not in physical custody

Non-Adjudicated Children
☐ 08 - Other DCF program status
☐ 09 - Under custody & supervision of family/guardian

Adults with No Court Jurisdiction:
☐ 10 - Competent, no charges
☐ 11 - Civil incompetence of person or property

Adults with Court Jurisdiction:
Criminal Competent
☐ 12 – Incarcerated
☐ 13 - Release pending hearing
☐ 14 - this code is no longer used
☐ 15 - this code is no longer used

Adults with Court Jurisdiction (Cont.):
Criminal Incompetent:
☐ 16 - Release pending hearing ITP
☐ 17 - Involuntarily hospitalized (direct commit)
☐ 18 – Incarcerated
☐ 19 - Involuntarily hospitalized - revocation of conditional release.
☐ 20 - No longer used
☐ 21 - Conditionally released

Not Guilty by Reason of Insanity (NGI):
☐ 22 - Involuntary hospital - direct commit.
☐ 23 - Involuntary hospital – revocation of conditional release.
☐ 24 - Released pending hearing.
☐ 25 - Conditionally released.
☐ 26 - Incarcerated.
☐ 29 - Incompetent to Proceed – Ages 21+

Juvenile Incompetent to Proceed
☐ 27 - Incompetent to Proceed - Ages 0 - 17
☐ 28 - Incompetent to Proceed - Ages 18 - 20
☐ 28 - Incompetent to Proceed – Age 21

Pages 6B – 5

***SUBSTANCE PROBLEM** **15. *Primary: __ __** **16. Secondary: __ __** **17. Tertiary: __ __**	Pages 6B – 5 and 6 Drug list in Appendix 5
***USUAL ROUTE OF ADMINISTRATION** **18. *Primary: __** ☐ 1 – Oral ☐ 4 – Injection **19. Secondary: __** ☐ 2 – Smoking ☐ 5 – Other **20. Tertiary: __** ☐ 3 – Inhalation	Page 6B -6
***FREQUENCY OF USE (MONTH PRIOR TO EVALUATION)** **21. *Primary: __** ☐ 1 - No past month use ☐ 4 - 3 to 6 times per week **22. Secondary: __** ☐ 2 - 1 to 3 times in past month ☐ 5 - Daily **23. Tertiary: __** ☐ 3 - 1 to 2 times per week	Page 6B – 6 and 7
***AGE OF FIRST DRUG OR ALCOHOL USE** **24. *Primary: __ __** **25. Secondary: __ __** **26. Tertiary: __ __**	Page 6B - 7
27. *STAFF ID: ___ ___ **-** ___ ___ ___ ___ ___ ___ ___ ___ ___	Page 6B -7
28. *PURPOSE OF EVALUATION: ___ **[3]** Discharge **[4]** Administrative Discharge	Page 6B - 7
29. *EVALUATION DATE: ___ ___ ___ ___ ___ ___ ___ YYYYMMDD (Discharge Date)	Page 6B – 7
Questions 30 through 36 are Mandatory for clients who are under 18	
30. *CHILD PREVENTION: ☐ 0 – No ☐ 1 – Yes	Page 6B – 7
31. *DRUGS HARMFUL: ☐ 0 – No ☐ 1 – Yes ☐ 3 – Unknown	Page 6B – 8
32. *ALCOHOL HARMFUL: ☐ 0 – No ☐ 1 – Yes ☐ 3 – Unknown	Page 6B – 8
33. *TOBACCO HARMFUL: ☐ 0 – No ☐ 1 – Yes ☐ 3 – Unknown	Page 6B – 8
34. *TOBACCO USE: ☐ 0 – No ☐ 1 – Yes ☐ 3 – Unknown	Page 6B – 8
35. *FUTURE USE: _____ **[1] No past experimentation or use and no future intent** **[2] No past experimentation or use but expresses future use** **[3] Past experimentation or use but no further intent** **[4] Past experimentation or use and expresses further intent** **[5] Currently experiments or uses substance**	Page 6B – 8
36. *FRIENDS USE: ____ ☐ 0 – No ☐ 1 – Yes ☐ 3 – Unknown	Page 6B – 8
37. *INITIAL EVALUATION DATE: ___ ___ ___ ___ ___ ___ ___ ___ YYYYMMDD	Page 6B – 8

38. *EMPLOYMENT: __ __ ☐ 10 - Active Military, Overseas ☐ 11 - Active Military, USA ☐ 12 - Full Time ☐ 31 - * Unpaid Family Worker ☐ 40 - Part Time ☐ 50 - Leave of Absence ☐ 60 - Retired ☐ 70 - Terminated/Unemployed ☐ 81 - Homemaker (must keep house for 1 or more others) ☐ 82 - Student ☐ 83 - Disabled ☐ 84 - Criminal Inmate ☐ 85 - Inmate Other ☐ 86 - Not Authorized to Work *** Note:** Unpaid Family Worker – A family member who works at least 15 hours or more a week without pay in a family-operated enterprise. If an individual refuses to work because they are making money through illegal activities (i.e., drug sales or prostitution) the client should be coded as unemployed '70'.	Page 6B – 8
39. *DISCHARGE REASON: ___ ___	Page 6B – 9
40. *DISCHARGE PREGNANCY OUTCOME: ___	Page 6B – 9
SERVICES PROVIDED/REFERRED FOR BLOCK GRANT REQUIREMENT - MANDATORY The following 23 items (41 – 62) indicate the services provided or referrals given within the admission and discharge dates. This is not intended to be an all-inclusive listing of services. **Indicate the appropriate code below**. **[1]** Agency Provided **[3]** Both Provided and Referred **[5]** Not Applicable **[2]** Referral Made **[4]** Unknown	
41. *CHILD CARE SERVICES: ___	Page 6B – 9
42. *CRIMINAL JUSTICE SERVICES: ___	Page 6B – 9
43. *EDUCATION SERVICES: ___	Page 6B – 9
44. *FAMILY SERVICES: ___	Page 6B – 9
45. HIV SERVICES: ___	Page 6B – 9
46. *HIV EDUCATION SERVICES: ___	Page 6B – 9
47. *HIV EARLY INTERVENTION: ___	Page 6B – 9
48. *HIV TESTING SERVICES: ___	Page 6B – 9
49. *HOUSING SERVICES: ___	Page 6B –10
50. *IMMUNIZATION SERVICES: ___	Page 6B –10
51. *INTERIM SERVICES: ___	Page 6B –10
52. *MEDICAL SERVICES: ___	Page 6B –10
53. *MENTAL HEALTH SERVICES: ___	Page 6B –10
54. *PEDIATRIC SERVICES: ___	Page 6B –10
55. *PRENATAL SERVICES: ___	Page 6B –10
56. *PUBLIC ASSISTANCE ELIGIBILTY: ___	Page 6B –10
57. *PUBLIC ASSISTANCE SERVICES: ___	Page 6B –10
58. *TUBERCULOSIS TESTED SERVICES: ___	Page 6B –10
59. *TRANSPORTATION SERVICES: ___	Page 6B –10
60. *TREATMENT PLAN SERVICES: ___	Page 6B –10
61. *TRAINING SERVICES: ___	Page 6B –10

62. VOCATIONAL TRAINING SERVICES: ___	Page 6B –11
63. SURVEY: Survey is no longer collected, **must** be space ffilled for the 613 characters starting at position 128 and ending with 740.	Page 6B –11
64. PROVIDER INFORMATION:: __	Page 6B –11
65. *DRUG FREE STATUS: ___ **[0]** No **[1]** Yes **[3]** unknown **[4]** not applicable	Page 6B –11
66. *PROVIDER ID: ___ ___-___ ___ ___ ___ ___ ___ ___	Page 6B –11
67. SADIAG: ___ ___ ___ ___ ___ ___ (Must be space filled)	Page 6B –11
68. MHDIAG: ___ ___ ___ ___ ___ ___ (Must be space filled)	Page 6B –11
69. ARREST __ **MUST be space filled** – A new Arrest field is listed below which is now a 2-digit field	Page 6B – 11
70. *CONTRACT NUMBER 1 : ___ ___ ___ ___ ___	Page 6B - 11
71. CONTRACT NUMBER 2: ___ ___ ___ ___ ___ (No longer used – must be space filled)	Page 6B - 11
72. CONTRACT NUMBER 3: ___ ___ ___ ___ ___ (No longer used – must be space filled)	Page 6B - 11
73. *SOCIAL CONNECTEDNESS: ___ ___ **01** – No attendance in the past month **04** – 8 – 15 times in past month **02** – 1-3 times in past month **05** – 16-30 times in past month **03** – 4-7 times in past month **06** – Some attendance in past month, frequency unknown	Page 6B - 11
74. *SCHOOL ATTENDANCE: ___ ☐1 – Suspended ☐ 2 – Expelled ☐ 3 – Suspended and Expelled ☐ 4 – Not Applicable	Page 6B – 12
75. *ARREST: ___ ___ Number of arrests in the last 30 days	Page 6B –12
76. *SADIAG10: ___ ___ ___ ___ ___ ___ ___ ___	Page 6B – 12
77. MHDIAG10: ___ ___ ___ ___ ___ ___ ___ ___	Page 6B – 12
Signature: _____ Date: _____/_____/_____	