## ADULT DISCHARGE FORM – CLIENT NOT PARTICIPATING

(18 -64 years)

## **OUTCOMES MEASUREMENT SYSTEM (OMS)**

[Version 3; December 13, 2014]

This form is to be used upon discharge when the client is neither present nor participating by phone in an OMS interview. A Discharge Information Sheet should also be completed.

Please complete the following OMS form based on your most recent knowledge of the client's situation. Answer those items for which you are reasonably sure of the correct answer. Others may be left blank.

An asterisk (\*) denotes a question that is mandatory for submission

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## **LIVING SITUATION**

1. Where is the client living now? (see OMS Interview Guide for more specific definitions)	
0	Independent (Private Residence, Boarding House/Rooming House)
0	Community (Residential Rehabilitation Program, Group Home/Therapeutic Group Home, Halfway House Recovery Residence, School or Dormitory, Foster Home, Crisis Residence)
0	Institutional (Assisted Living, Skilled Nursing Facility, Residential Treatment Center for Children, Hospital Jail/Correctional Facility/Detention Center)
0	Homeless (Homeless or Emergency Shelter)
0	Other (specify)
	s the client homeless at all in the past six months? (see OMS Interview Guide for ion of "homeless")
0	No
0	Yes
LEGA	L SYSTEM INVOLVEMENT
	he past six months, was the client arrested?
	No
	Yes
O	165
4. In t	he past six months, was the client in either jail or prison?
0	No
0	Yes
<u>EMPL</u>	<u>OYMENT</u>
	the client currently employed? (see OMS Interview Guide for definition of oyment")
0	No (continue to #6)
	Yes (skip to #7)
6. Ha	s the client been employed in the past six months?
0	No
0	Yes
SOM/	ATIC HEALTH
7. Do	es the client smoke cigarettes?
0	No
0	Yes

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