New York State
Office of Alcoholism and Substance Abuse Services

Permanent Supportive Housing Discharge Form

Name of Housing Program Brand: _____

Tenant Name: _____

Date of Admission: _____ Date of Discharge: _____

Residence before coming into the program: _____

New Living Arrangements:
_____

_____

Reason for Discharge: Successful: _____ Unsuccessful: _____ ***Explain below:***

In the space below please provide a summary of the discharge, including the individual's employment status, recovery status and any applicable service referrals.

_____

_____

_____

_____

_____

If it was an Unsuccessful Discharge, was:

- Due Process Followed: Yes: _____ No: _____
- Case Notes Written: Yes:_____ No:_____

Staff Name (*Please print)* _____Title_____

Signature _____Date _____

Tenant Signature _____Date _____

A copy of this form should be provided to the tenant upon discharge.