



**ADvantage Program
DISCHARGE EVALUATION**

Member last name	First name	Middle initial	Medicaid number
Contact name (if other than member)			
Relationship to member		Telephone	

EVALUATION

- Reason/member status at discharge:
 - Death (cause): _____
 - Nursing facility (cause): _____
 - Other (specify): _____
 - Moved out of state
 - Refused services
 - Unable to locate
 Discharge date: _____
- Source of case manager's (CM) knowledge of event:
 - Informal caregiver Formal caregiver
 - CM attempted contact Other (*who*) _____
- Was Adult Protective Services (APS) involved at the time of discharge?
 - Yes No
- Additional comments regarding this case:

Signature of case manager/agency Date