**Office of Children’s Services**

**State Sponsored Utilization Review**

***1604 Santa Rosa Road, Suite 137***

***Richmond, VA 23229***

***Phone: 804-662-9136***

***Fax: 804-662-9831***

CSA Discharge Notification *Fax within 10 business days of discharge.*

Child’s Name:

Locality:       Facility:

# Date of Admission:       Date of Discharge:

**Reason for Discharge:**

Discharged to: (check one) Discharge Services: (Check All That Apply)

Acute Psychiatric Inpatient  Acute Psychiatric Inpatient

Adoptive Home  Case Management Services

**Adult Group Home**  **Day Treatment/Partial Hospitalization**

**Biological Family Home**  **Family Therapy**

**Deceased**  **Group Therapy**

Detention  Home Base Services

Foster Home  Independent Living Skills

Group Home  Individual Therapy

**Independent Living**  **Medical Monitoring**

Independent Living Program  Medication Management

Juvenile Justice/Corrections  Occupational Therapy

Locality Discontinued Services  Other

Locality Transfer  Other Community Based Services

**Other**  **Physical Therapy**

**Sexual Offender Program**  **Recreational Therapy**

Relative Home  Respite Services

**Residential Treatment**  **Speech Therapy**

**Runaway**  **Substance Abuse Services**

Supervised Living  Supervised Adult Living

Treatment Foster Home  Supportive Employment

Transfer to Medicaid  Vocational Training

**Wilderness Program**

Discharge Level of Care: (Check one)

No Change (i.e. Transfer to another facility at the same level of care)

Less Restrictive

More Restrictive

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