**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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