



DWIHN Pre-placement Member Discharge Form

(To be completed by pre-placement facility staff and faxed to Residential Services @ 1-313-989-9525.)

Member Name:		Admission Date:	
MHWIN ID#:		Pre-placement Facility:	
Did Resident Leave AMA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Discharge Date:
After-care Appointment Location:		Date:	Time:
Reason After-care Appointment Was Not Arranged:			

Forwarding Contact Information

Please check one of the following:	Name	Address	Phone Number
<input type="checkbox"/> Specialized (Licensed) Setting			
<input type="checkbox"/> Living with Relative			
<input type="checkbox"/> General Room & Board			
<input type="checkbox"/> Unlicensed/Semi-Independent Living			
<input type="checkbox"/> Substance Abuse Treatment Center			
<input type="checkbox"/> Shelter			
<input type="checkbox"/> COPE / Hospital			
Member discharged with Medications? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Amount of Medication Dispensed:			
Member took all belongings?: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Guardian has been notified (if applicable)? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Total # of days to be entered into MHWIN by Authorized Referral Resource:

Number of Days	Initial date	End Date
_____	_____	_____
DWIHN Pre-placement Staff Signature		Date
_____		_____