MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
9455 W. Watertown Plank
Milwaukee, WI 53226
WIser Choice Program
Phone: (414) 257-8095
FAX: (414) 454-4242

CMASS MASS DISCHARGE FORM _____ (dd/mm/yy) _____ (agency)

Closing Reason Codes: (1) Completed Service / Treatment, (2) Referred-Nonalcohol/Drug Pgm, (3) Terminated-Rule Violation, (4) Withdrew Against Staff Advice, (5) Funding/Authorization Expired, (6) Incarcerated for New Offense, (7) Incarcerated for Old Offense, (8) Death, (9) Transfer/Referral-AODA Program, (10) Transfer to IDP Funding, (11) Unable to Locate Client, (12) Transfer to Another Provider

Level of Improvement: Major Improvement, Moderate Improvement, No Change, Worsened, Unknown

CLIENT NAME & ID	D/C DATE	CLOSING REASON (see codes above)	LEVEL OF IMPROVEMENT (see options above)