

## DELAWARE DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH CONSUMER REPORTING FORM

ADMISSION DATE

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DISCHARGE REASON		PRIMAR	Y DES	T./AG	SEN	CY (	COD	E		
] <b>G</b> PROGRAM COMPLETED HERE - ALL GOALS										
] <b>S</b> PROGRAM COMPLETED HERE - SOME GOALS					)					
] <b>E</b> ELIGIBILITY LAPSED		[ ] <b>A</b> AD	VISED	FURT	ТНЕР	R SE	RVIC	ES		
] <b>D</b> CONSUMER DIED		[ ] <b>N</b> NC	MORI	E SER	VICE	ES A	DVIS	SED		
] <b>F</b> FAILED TO MEET CRITERIA		[ ] <b>U</b> UN	IKNOV	/N						
] <b>A</b> ADMIN. DISCONTINUATION/ LOSS OF CONTRACT		SECO	ND. DI	EST./	AGE	NC	y co	DE		
] <b>C</b> CORRECTION/JAIL										
] <b>R</b> REFUSED SERVICE		[ ] <b>T</b> TF	ANSFI	RRF	 D		ı			
] <b>T</b> TX CONT. OTHER PROGRAM										
] <b>O</b> OTHER					RTHE	R SI	FRVI	CFS		
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DRUG USE REDUCED		TERTI	ARY D	EST./	AGE	NC.	y cc	DDE		
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		[ ] <b>T</b> TR/	NSFE	RRED						
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		[ ] <b>A</b> AD	VISED	FURT	THER	R SEI	RVIC	ES		
] X NOT APPLICABLE		[ ] <b>N</b> NC	MORE	E SER	VICE	S A	DVIS	ED		
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