

HOPE HOUSE DISCHARGE RECORD

Name: _____ ICON#: _____ Date: _____

Forwarding Address _____

Phone: _____

Probation/Parole Officer: _____

Staff Signature:

- Sign client off in ICON chronos
- Close Offender Privilege Level in ICON (Housing)
- Close Room/Bed in ICON (Housing)
- (NOTE: If on Extended Furlough, sign back into facility before closing Room/Bed)
- Close Approved Destinations in ICON (Housing)
- Make chrono in Poole regarding discharge from Hope House
- Laundry/Linen packed and removed.
- Staff-secured items returned (i.e. shaving cream, etc.)
- Check contraband log and return any contraband items to client
- Medication returned to client
- Laundry tub to in room
- Turned in padlock to staff
- Remove name from door, mailbox, and board
- Check front locker (if applicable)/turn in padlock
- Make sure bike is removed (if applicable)
- Make sure room is cleaned/vacuumed
- Check back safe.

Closure Audit

Medication Log – Facility-secured	_____
Resident-secured	_____
Work Hours calendar removed	_____
Work Schedule removed	_____
Employment Log	_____
_____	_____
_____	_____
_____	_____

Comments: _____

Staff Signature: _____ Date: _____