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| department of health services  Division of Care and Treatment Services  F-01625 (10/2016) | | | | | |  | | | state of wisconsin | |
| **OARS PARTICIPANT DISCHARGE SUMMARY** | | | | | | | | | | |
| Participant Name | | | | | DOC # | | | Agent Name | | Agent Number |
|  | | | | |  | | |  | |  |
| Agency Name | | Release Date | | | Program Discharge Date | | | Case Manager Name | | |
|  | |  | | |  | | |  | | |
| Brief Overview of the OARS Participant’s Pre-Release Phase | | | | | | | | | | |
|  | | | | | | | | | | |
| Brief Overview of the OARS Participant’s Post-Release Phase | | | | | | | | | | |
|  | | | | | | | | | | |
| OARS Participant Transition Plan | | | | | | | | | | |
|  | | | | | | | | | | |
| After Care Recommendations | | | | | | | | | | |
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|  | | | | | | | | | | |
| Sincerely, | | | | | | | | | | |
|  | | | | | | | | | | |
| OARS Program Case Manager | | |  | Date | | |  | | | |
|  | | | | | | | | | | |
| cc: | Division of Community Corrections Agent | | | | | | | | | |
|  | Department of Health Services OARS Program | | | | | | | | | |
|  | Contracted OARS Case Management Provider File | | | | | | | | | |
|  | OARS Participant | | | | | | | | | |
|  | Additional Community Team Members (as deemed appropriate) | | | | | | | | | |
|  | | | | | | | | | | |
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