

VIRGINIA DEPARTMENT OF SOCIAL SERVICES-DIVISION OF LICENSING PROGRAMS
MODEL FORMAT DEVELOPED FOR CHILDREN'S RESIDENTIAL FACILITIES

Discharge Summary

(This comprehensive discharge summary shall be placed in the resident's record and sent to persons or agency that made the placement no later than 30 days after discharge)

Name of Resident: _____

Date of Admission: _____ Date of Discharge: _____

Services Provided to Resident: _____

Resident's Progress toward Meeting Service Plan Objectives *(Address individual objectives here, as described in most recent service plan or progress report):* _____

Resident's Continuing Needs: _____

Recommendations, if any, for Further Services and Care: _____

Reason(s) for Discharge: _____

Names of Persons to Whom Resident Was Discharged: _____

Preparer's signature: _____ Date prepared: _____

Date this report sent to placing person/agency: _____