

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

Discharge Information Provided To Resident's Legal Guardian or Legally Authorized Representative

Name of resident: _____ Date of discharge: _____

Current Medications: No medications taken by this resident See attached Medication Administration Record or See medications as listed below

Need for continuing therapeutic interventions: _____

Educational status: *(current school, current grade level, name of guidance counselor, etc.)* _____

Other items important to the resident's continuing care: *(scheduled appointments, etc.)* _____

The following persons were provided a copy of this report:

Name	Relationship to Resident	Date Information Provided
	Legal Guardian	
	Other legally authorized representative, as applicable	