**Discharge Summary – Group Home**

**Use of form:** Use of this form is voluntary; however, completion of this form meets the rule requirements for DCF 57.20. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)m)], Wisconsin Statutes.

**Instructions:** Complete each section of this form in detail regarding the resident. Must be completed within 30 days of the resident’s discharge.

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| **RESIDENT INFORMATION** | | | | |
| Last Name | | First Name | | |
| Alias (Nickname) | | Birthdate (mm/dd/yyyy) | | Date of Placement (mm/dd/yyyy) |
| **DISCHARGE SUMMARY** | | | | |
| Type of Admission (Court ordered, respite or voluntary) | | | Date of Discharge | |
| Reason for Discharge | | | | |
| Incidents Involving Resident [per DCF 57.13(1)] | | | | |
| Other Relevant Information | | | | |
| Name of Person Completing Summary | | | | |
| Date Summary Completed | Date Summary Provided to Placing Agency | | | |
| Date Summary Provided to Parent, Guardian, or Legal Custodian. *Only required for Respite or Voluntary Placements, as appropriate, per DCF 57.20(2)* | | | | |