



Child's Name: _____
 Caseworker: _____
 County: _____
 Date of Discharge: _____

DISCHARGE

REASON FOR

DISCHARGE _____

CURRENT BEHAVIORS: _____

AREAS OF CONCERN: _____

Preliminary Monies:

Cash on Hand: _____

Savings: _____

Amount owed for clothing: _____

Amount owed for allowances: _____

Other amounts owed to child: _____

Child Discharged to:

Name: _____

Address: _____

City, State: _____

Phone: _____

Type of Identification _____

Identification number: _____

Signature of person child is being discharged to:

Signature of person filing report :
