

DISCHARGE



CHILD'S NAME: _____ CASEWORKER: _____
COUNTY: _____ DATE OF DISCHARGE: _____

REASON FOR DISCHARGE:

CURRENT BEHAVIORS:

AREAS OF CONCERN:

MEDICATIONS:

<u>Preliminary Monies:</u>	
Cash on Hand:	_____
Savings:	_____
Amount owed for clothing:	_____
Amount owed for allowances:	_____
Other amounts owed to child:	_____

<u>Child Discharged to:</u>
Name: _____
Address: _____
City, State: _____
Phone: _____
Type of Identification _____
Identification number: _____
Signature of person child is being discharged to: _____

Signature of person filing report :
