



A Village Called Home Inc.

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Resident Discharge & Transition Packet

RESIDENT INFORMATION

Resident Full Name: _____

Date of Birth: _____ Age: _____

Admission Date: _____ Discharge Date: _____

Room Assignment: _____

Case Manager: _____

Therapist/Counselor: _____

DISCHARGE DETAILS

Reason for Discharge: _____

☐ Successful Completion ☐ Transfer ☐ AWOL/Runaway

☐ Behavioral Discharge ☐ Reunification with Family

☐ Court Ordered Release ☐ Higher Level of Care

☐ Medical/Psychiatric Transfer ☐ Other: _____

Discharge Summary: _____

PLACEMENT / TRANSITION INFORMATION

Discharged To: _____

Relationship to Resident: _____

Receiving Facility/Guardian Address: _____

Primary Phone Number: _____

Transportation Arranged By: _____

Resident Released To: _____

MEDICATION & MEDICAL STATUS

Medications Returned at Discharge: ☐ Yes ☐ No

Medication Instructions Provided: ☐ Yes ☐ No

Follow-Up Medical Appointment Needed: ☐ Yes ☐ No

Medical Condition at Discharge: _____

MENTAL HEALTH & BEHAVIORAL STATUS

Mental Health Status at Discharge: _____

Behavioral Progress During Placement: _____

Suicide/Safety Risk at Discharge: ☐ Low ☐ Moderate ☐ High

Safety Plan Provided: ☐ Yes ☐ No

EDUCATIONAL STATUS

School Attending at Discharge: _____

Current Grade Level: _____

Educational Progress Summary: _____

PROPERTY & INVENTORY RELEASE

All Personal Property Returned: ☐ Yes ☐ No

Missing/Damaged Items: _____

FOLLOW-UP SERVICES & REFERRALS

- Outpatient Therapy
- Psychiatric Services
- Community Support Services
- Educational Services
- Mentoring Services
- Family Counseling
- Substance Abuse Treatment
- Other: _____

FINAL DISCHARGE NOTES

Resident Signature: _____

Date: _____

Guardian Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Administrator Signature: _____

Date: _____

CONFIDENTIALITY NOTICE:

This document contains confidential protected information intended solely for authorized personnel of A Village Called Home Inc. Unauthorized disclosure or duplication is prohibited.