



giving hope to girls in foster care
Discharge Summary

Resident Name: _____

Resident Contact Info: Phone: _____ Email: _____

Placement Date: _____ **Discharge Date:** _____

Social Worker: _____ Contact Info: _____

Reason for Discharge:

Discharge Initiated by: _____ Resident _____ DHR _____ Court _____ Grace House

Services Provided:

EDUCATION:

School: _____ Phone: _____

Grade: _____ Withdrawn: _____

Contact school to request school records.

MEDICAL:

- Primary Care Physician: _____ Phone: _____

Last Appointment: _____ Next Appointment Due: _____

- Dental: _____ Phone: _____

Last Appointment: _____ Next Appointment Due: _____

- Eye/ Vision: _____ Phone: _____

Last Appointment: _____ Next Appointment Due: _____

- Counseling: _____ Phone: _____

Last Appointment: _____ Next Appointment Due: _____

- Psychiatric: _____ Phone: _____

Last Appointment: _____ Next Appointment Due: _____



GRACE HOUSE
ministries, inc.

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CURRENT MEDICATIONS:

MEDICATION	DOSAGE	PURPOSE

TREATMENT PLAN, GOALS and OBJECTIVES:

Notes:

Social Worker Signature Date

Grace House Signature Date