**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)*      |