

CHILD DISCHARGE REPORT

(TCU WOMEN AND CHILDREN RESIDENTIAL FORMS)

[FORM 324; CARD 01]

SITE #:	CHILD ID#:	MOTHER ID#:	COUNSELOR ID#:	TODAY'S DATE:
_	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _	_ _ _ _ _ _ _ _ _ _
[6]	[7-10]	[11-14]	[15-16]	MO DAY YR [17-22]
Is this form being completed by the case manager?.....				0=No 1=Yes [23]
ADMISSION DATE:				_ _ _ _ _ _ _ _ _ _
				MO DAY YR [24-29]
OFFICIAL DISCHARGE DATE:.....				_ _ _ _ _ _ _ _ _ _
				MO DAY YR [30-35]
TOTAL DAYS IN PROGRAM:.....				_ _ _ _ _
				# DAYS [36-38]

1. **REASON FOR DISCHARGE:** |_|_| [39]
CODE #

Please indicate the reason that the child was discharged from the program.

1. Discharged with mother (irrespective of reason for mother's discharge)
2. Discharged without mother (mother's decision)
3. Discharge without mother (not mother's decision)
- *4. Death
5. Other (specify) _____

***IF REASON IS DEATH:**

a. Date of death	_ _ _ _ _ _ _ _ _ _
	MO DAY YR [40-45]
b. Place of death.....	_____
	COUNTY STATE
c. Cause of death (ICD-9 code) if possible	_____

2. **Date of last counseling session?**..... |_|_|_|_|_|_|_|_|_|_| [46-51]
MO DAY YR

3. **Date Aftercare and Discharge Plan completed and signed?**..... |_|_|_|_|_|_|_|_|_|_| [52-57]
MO DAY YR

4. Are all required TCU Discharge forms completed?0=No 1=Yes 7=Unsure [58]

5. ARRANGEMENTS FOR LEGAL CUSTODY AT DISCHARGE

Please indicate to which of the following the child was discharged.

a. Mother.....0=No 1=Yes 7=Unsure [59]

b. Father0=No 1=Yes 7=Unsure [60]

c. Grandparent(s).....0=No 1=Yes 7=Unsure [61]

d. Other relatives0=No 1=Yes 7=Unsure [62]

e. Children’s Protective Services0=No 1=Yes 7=Unsure [63]

*IF CPS “YES”:

a. Was child placed in foster care?.....0=No 1=Yes 7=Unsure [64]
--

f. Other (specify) _____ [65]

6. REFERRAL FOR POST TREATMENT SERVICES

Indicate to which of the following services the child was referred.

a. Pediatric.....0=No 1=Yes 7=Unsure [66]

b. Behavioral counseling/treatment.....0=No 1=Yes 7=Unsure [67]

c. Mental health counseling/treatment.....0=No 1=Yes 7=Unsure [68]

d. Special/remedial education.....0=No 1=Yes 7=Unsure [69]

e. Specialized medical services.....0=No 1=Yes 7=Unsure [70]

f. Other (specify) _____ [71]

A. ASSESSMENT OF CHILD'S PROGRESS: _____

B. SERVICES/THERAPEUTIC TECHNIQUES PROVIDED: _____

C. CHILD'S IDENTIFIED NEEDS & PROBLEMS: _____

D. CHILD GOALS

DISPOSITION

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

E. COMMENTS: _____

F. _____
STAFF SIGNATURE

DATE