Discharge Summary
(This comprehensive discharge summary shall be placed in the resident’s record and sent to persons or agency that made the placement no later than 30 days after discharge)

Name of Resident: ________________________________________________________

Date of Admission: _______________ Date of Discharge: _______________

Services Provided to Resident:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Resident’s Progress toward Meeting Service Plan Objectives (Address individual objectives here, as described in most recent service plan or progress report):
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Resident’s Continuing Needs: _______________________________________________
_______________________________________________________________________
_______________________________________________________________________

Recommendations, if any, for Further Services and Care: _________________________
_______________________________________________________________________
_______________________________________________________________________

Reason(s) for Discharge: ___________________________________________________
_______________________________________________________________________

Names of Persons to Whom Resident Was Discharged: ___________________________
_______________________________________________________________________

Preparer’s signature: _______________________________ Date prepared: __________

Date this report sent to placing person/agency: ________________

Developed: 2/4/2008
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