

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool Name: Discharge Summary	Effective Date: July 1, 2006
	Reference: Chapter 11	Version: 1

Discharge Summary

Client Name _____

Date Completed _____

- 1) Did you hold a job, either full-or part-time for at least three consecutive months in the past six months?
 YES NO

- 2) Did you participate in an apprenticeship, internship, or other employment-training situation, either paid or unpaid, for at least three consecutive months in the past six months?
 YES NO

- 3) Do you currently have a savings, checking or money market account or CD at a financial institution such as a bank or investment company?
 YES NO

- 4) Have you ever received a vocational certificate or vocational license?
 YES NO

- 5) During the past six months, were you enrolled in and attending any of the following: high school, GED classes, a vocational training program, or college?
 YES NO

- 6) Currently is there at least one adult in the community you can go to for emotional support?
 YES NO

- 7) Currently is there at least one adult in the community you can go to for job or school advice or guidance?
 YES NO

- 8) During the past seven months were you referred for substance abuse assessment or counseling?
 YES NO

- 9) During the past seven months were you incarcerated or detained in a jail, prison, or juvenile detention facility?
 YES NO

- 10) Female-Did you give birth to a child in the past six months?
 YES NO

 Male-Did you father a child in the past six months?
 YES NO

- 11) After discharge will you have health insurance that covers physical health care?
 YES NO

- 12) After discharge will you have health insurance that covers mental health care?
 YES NO

- 13) Do you currently require ongoing medication prescribed by a doctor to maintain your physical or mental health?
 YES NO

- 14) In the future will you be able to do what is necessary to continue taking your medication, getting a doctor's prescription, getting the prescription filled, and paying for the medication?
 YES NO

- 15) Have you received all the following documents: birth certificate, social security card, medical records, and education records?
 YES NO

- 16) Were you given information on how to obtain all documents which were not provided to you?
 YES NO

Family Case Manager or Probation Officer Name: _____ **Interviewee Name:** _____

Signature: _____ **Signature:** _____