



Youth Discharge Checklist

****Complete ONE form for EACH child, even if youth are siblings who left together.**

Youth's Name: _____ Today's Date: _____

DOB: _____ DOD: _____

Foster Family Provider(s): _____

Home Supervisor: _____

_____ FCP forwarded all MEDICAL records and history. Health Passport went with the youth.

_____ All prescribed medication(s) went with youth.

_____ Medicaid Card went with youth.

_____ Clothing and personal belongings went with youth. (If not, write a brief plan for youth to get their items below.)

_____ All confidential information (e.g. Psychological Evaluation, DSS Treatment Plan, DSS Family Service Plan, MSC Plmt. Plan, etc...) was given to the Youth's caseworker or your Home Supervisor.

(Once a youth is discharged from FP's home, all confidential paperwork/records FCP's may keep for their files (unless told otherwise) is MSCO FP Monthly Reports, school and home drawings or artwork, investigation reports and critical incident reports.)

****Please turn into your Home Supervisor within 10 days of youths' discharge.**

Youth _____ Date _____

Foster Parent _____ Date _____