

Discharge Record Form: Youth in DCYF Custody

Date: _____		
Gender: _____	Race/Ethnicity: _____	
City/Town of Origin: _____	Current City/Town: _____	
Client ID: _____	Primary Provider: _____	Staff Initials: _____
Date of Discharge: _____	Age at Discharge: _____	Years in DCYF Care: _____

DISCHARGE

Did the youth participate in his/her discharge planning process? Yes No

When did the process begin? _____

What programs or services were youth receiving just before discharge? _____

Were any of the following services or supports in place upon discharge?

_____ Room & board support _____ Health care
_____ Case management _____ Mental health services
_____ Education _____ Family Independence Program (welfare)

What immediate impact did the discharge have on youth?

_____ Homelessness _____ Change in school/drop out
_____ Change in employment _____ Physical safety
_____ Ability to meet basic needs (i.e. food, clothing, etc;)

HOUSING

Where was youth living before you were discharged from DCYF care? *(Circle one and provide additional information if available)*

Relative foster parents: (_____)
Non-relative foster parents: (_____)
Residential placement (_____)
Independent living apartment (Program: _____)
Adoptive Family
Relatives House/Apartment
Friends/Significant Others House/Apartment
Own apartment (Live alone/Roommate/Significant Other)
College Dorm (Live alone/Roommate/Significant Other)
In transition (Explain: _____)
Homeless (Shelter/Couch Surfing/Street/Other)

EDUCATION AND TRAINING

What was youth's educational status at discharge? (Circle the most appropriate responses)

Current grade in school:

- Seventh Grade
- Eighth Grade
- High School Freshman
- High School Sophomore
- High School Junior
- High School Senior
- College Freshman
- College Sophomore
- College Junior
- College Senior
- Not currently enrolled in school

Grade expected to be in next year

- Seventh Grade
- Eighth Grade
- High School Freshman
- High School Sophomore
- High School Junior
- High School Senior
- College Freshman
- College Sophomore
- College Junior
- College Senior
- Do not expect to be enrolled in school

WORK

Was youth employment at discharge? Yes No
 If yes, how many hours per week: _____ Pay rate: _____

Parenting

At discharge did youth have custody of any children? Yes No
 At discharge did youth have any children living in substitute care? Yes No

Future Contact

How should we contact youth for follow-up surveys:

Phone (cell and/or home) : _____ Email: _____
 Address: _____

If possible, three other places where youth can be reached (we will be discreet)

Name: _____ Phone: _____
 Address: _____

Name: _____ Phone: _____
 Address: _____

Name: _____ Phone: _____
 Address: _____