



## CHILD DISCHARGE REPORT

*Please complete this report immediately upon the child's discharge and submit it to your Support Worker.*

Child:		DOB:
Child:		DOB:
Child:		DOB:
Placement Date:	Discharge Date:	Foster Family:
Caseworker:		Crossroads Support Worker:

What were the circumstances relating to the child(ren)'s move. What was the child(ren)'s response to the move? Do you have any concerns relating to the child(ren) or the move?

**Developmental Progress**

**Achievements & Incidents**

**Cultural and community involvement - Any ongoing clubs, teams, community and/or cultural programs**

**Health & Medical: REQUIRED** – Include names and contact information for all medical professionals and other professionals involved with the child’s care. Also, detail any upcoming appointments and/or required follow-up

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**Family Contact** – Any booked visits with birth parents, kinship, siblings.

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Foster Parent Signature: \_\_\_\_\_

FORM TRACK: Foster Parent → FCSW → Fax to Caseworker → Child’s File