

**HENNEPIN COUNTY
HUMAN SERVICES AND PUBLIC HEALTH DEPARTMENT
SHELTER HOME PLACEMENT / DISCHARGE SUMMARY**

Child Name: _____ DOB: _____ Case Number: _____

Social Worker: _____ Licensing Social Worker: _____

Date Admitted: _____ Date Discharged: _____ To whom? _____

BEHAVIORS OBSERVED DURING PLACEMENT (Check any that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Assaultive | <input type="checkbox"/> Eating Disturbance | <input type="checkbox"/> Sexual Activity |
| <input type="checkbox"/> Chemical Use | <input type="checkbox"/> Fear (Unusual or extreme) | <input type="checkbox"/> Sleeping Disturbance |
| <input type="checkbox"/> Defiant / Disrespectful | <input type="checkbox"/> Fire Setter | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Destructive of Property | <input type="checkbox"/> Runner | <input type="checkbox"/> Other |
| <input type="checkbox"/> Difficulty with Peers | <input type="checkbox"/> Self-Injurious | <input type="checkbox"/> No Known Problems |

Explain: _____

PHYSICAL CONDITION / HEALTH

- | | | |
|--|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Medication | <input type="checkbox"/> Special Diet |
| <input type="checkbox"/> Asthmatic | <input type="checkbox"/> Medical Care / Medical Equipment | <input type="checkbox"/> Therapy |
| <input type="checkbox"/> Diapers / Diaper Rash | <input type="checkbox"/> Messes in Pants | <input type="checkbox"/> Wets Pants or Bed |
| <input type="checkbox"/> Formula? Brand: _____ | <input type="checkbox"/> Respiratory Infections | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lice Treatment | <input type="checkbox"/> Skin / Hair Care | <input type="checkbox"/> No Known Problems |

Explain physical / medical care provided: _____

CHILD HAD PHONE CONTACT WITH: Parent Siblings Other

CHILD HAD VISITS WITH: Parent Relatives Friend Other

Comments: _____

CHILD RELEASED TO (check identification):

Signature	Relationship	Dates

SCHOOL: Child Attended School Yes No Enrolled at: _____

Comments: _____

PLACEMENT FOLDER? Yes No

CHILD'S BELONGINGS SENT: _____

I WOULD LIKE TO BE CONTACTED IF THIS CHILD RETURNS TO SHELTER: Yes No

ADDITIONAL COMMENTS: _____

SHELTER FOSTER HOME: _____ DATE: _____