

Assessment and Discharge Summary – Respite Group Homes

Use of form: Use of this form is voluntary; however, completion of this form for placement in the resident record will assist in meeting the rule requirements for DCF 57.23(1) and 57.20. This form may be used to assist group home providers develop an assessment and discharge summary for each respite resident. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Complete each section of this form in detail, if possible regarding the resident. This document may be updated for up to three additional Respite stays.

A. RESIDENT INFORMATION

Name – Last		Name – First	Alias (Nickname)
Birthdate (mm/dd/yyyy)	Date of Placement (mm/dd/yyyy)		
	1. Update:		
	2. Update:		
	3. Update:		

B. ASSESSMENT: Respite assessments need to be completed by the date of admission.

1. Describe the resident's history.

a. Developmental

1. Update:

2. Update:

3. Update:

b. Behavioral

1. Update:

2. Update:

3. Update:

c. Educational

1. Update:

2. Update:

3. Update:

d. Medical History

1. Update:

2. Update:

3. Update:

2. **Family and significant relationships**

1. Update:

2. Update:

3. Update:

3. **Legal history**

1. Update:

2. Update:

3. Update:

4. **Substance abuse history and any past treatments**

1. Update:

2. Update:

3. Update:

5. **Describe the resident's current status including:**

a. **Mental Status**

1. Update:

2. Update:

3. Update:

b. **Medical needs**

1. Update:

2. Update:

3. Update:

c. **Current activities**

1. Update:

2. Update:

3. Update:

d. **Educational status**

1. Update:

2. Update:

3. Update:

e. **Current or recent substance abuse usage**

1. Update:

2. Update:

3. Update:

f. **Personal strengths**

1. Update:

2. Update:

3. Update:

Name – Person Completing Assessment

Date – Completion of Assessment (mm/dd/yyyy)

1. Name of person who updates:

1. Update:

2. Name of person who updates:

2. Update:

3. Name of person who updates:

3. Update:

C. Discharge Summary: A discharge summary shall be developed and given to parent, guardian, legal custodian, or placing agency, as appropriate upon discharge. The summary shall include the following information.

1. **Date of discharge**

a. Update:

b. Update:

c. Update:

2. **Reason for discharge**

a. Update:

b. Update:

c. Update:

3. **Summary of any serious incidents involving the resident**

a. Update:

b. Update:

c. Update:

4. **Any other relevant information**

a. Update:

b. Update:

c. Update:

5. **Resident medications and belongings were discharged with the resident.**

a. Yes No Update: Resident medications and belongings were discharged with the resident.

b. Yes No Update: Resident medications and belongings were discharged with the resident.

c. Yes No Update: Resident medications and belongings were discharged with the resident.

Name – Person Completing Summary	Date – Completion of Summary (mm/dd/yyyy)
1. Update:	1. Update:
2. Update:	2. Update:
3. Update:	3. Update: