

Family Support Discharge

YOUTH DEMOGRAPHICS

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

DISCHARGE INFORMATION

*Discharge Date: _____

*Discharge Reason (pick one): _____

Stopped Attending

Parents Refused

Transferred Schools

Youth Refused

Completed Program Requirements

Family Plans to Follow Through

Other (moved away/death/ etc.)

*Family Function (at discharge): (pick one)

Very Poor

Poor

Average

Good

Very Good

*Family Communication (at discharge): (pick one)

Very Poor

Poor

Average

Good

Very Good

Family Function and Communication Notes:
