DISCHARGE FORM

Staff Information

Shelter Name: _____ Date: _____

Name of Person Filling out Form: _____

Personal Information

Last Name: _____ First Name: _____

Resident ID: _____ Address: _____

Phone No: _____

Caregiver Name (if applicable): _____

Relationship: _____ Phone No: _____

Number of Individuals discharged with guest: _____

List Individuals discharged with guest:

Name	Resident ID	Relationship

Destination

- ☐ Home
- ☐ Nursing facility
- ☐ Hospital
- ☐ Hotel
- ☐ Apartment
- ☐ Friend
- ☐ Family
- ☐ Caregiver
- ☐ Shelter
- ☐ Retirement Facility
- ☐ Hospice

Other: _____

Name of Destination Facility: _____

Address: _____ Phone No: _____

Email: _____ Fax No: _____

Alternate Point of Contact: (Name & Phone #): _____

PLEASE CONTINUE FILLING OUT THE FORM ON THE BACK

Transportation Needs

☐ Car ☐ Bus ☐ Accessible Vehicle ☐ Ambulance

Other: _____

Discharge Checklist

☐ Electricity to area

☐ Guest is physically able to make the trip

☐ Roads clear to destination

Equipment and Supplies Returned with Guest:

☐ Medication ☐ Equipment ☐ Personal Items

Medication/ Equipment:

_____

_____

_____

Forwarding Address of Resident:

_____

_____

_____

Additional Comments:

_____

_____

_____

_____

GUEST SIGNATURE: _____

DATE: _____ **TIME:** _____