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| Date: | | |
| Name of Child / Young Person | | Also Known As (AKA) |
|  | |  |
| Date of Birth | Client’s NLMRC admission Number | Date of Admission |
|  |  |  |
| Nature of Discharge | Complete | Incomplete |
| If Incomplete above, specify (Tick) | -Escapee -Voluntary discharge  -Early Reintegration -Involuntary discharge | |
| Reasons/ Remarks for the Discharge if other than complete Discharge (by NLMRC Staff) | …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | |
| Reasons for entering treatment | …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | |
| Problems as identified on the treatment plan problem list | …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | |
| Family’s involvement in the treatment process | …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | |
| Client aftercare plan & expected date/ year of completion from Aftercare program | …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | |
| Name & ID Number of Adult receiving the Client |  | |
| * Relationship of the receiving adult with the client (Tick) | Parent Guardian Other *(Specify) …………………………..* | |
| * Name & contacts of the Agency/ Organization represented by the receiving Adult *(Where necessary)* * Position of the Receiving adult | Name of Agency: ………………………………….  ………………………………………………………..  Contacts: …………………………………. | |
|  | |
| * Physical address of the Receiving adult/ Agency |  | |
| * Brief remarks by the receiving Adult (Where applicable) | ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………… | |
| Name & sign | | |
| Client: …………………………………………………………………………………………. Sign: ………………………………………… Date: …………………  Receiving Adult: ……………………………………………………………………………... Sign: ………………………………………… Date: …………………  NLMRC Counsellor: ... ……………………………………………………………………… Sign: …………………………………………Date: …………………  HORS: …………………………………………………………………………………...……..Sign: ……………………………………… Date: ………………... | | |