Connections Discharge Summary

Youth: 
Completed by: 

Discharge Date:
Date:

Mission Statement:

Summary of needs chosen by the team and whether or not they were met.

Need #1:

Need #2:

Need #3:

Are ongoing mental health services are needed?

If so, where was the family referred?

Were there any barriers impeding the family meeting their needs?

Total budget spent on family:

Additional notes: