

**Department of Health & Human Services**  
**Division of State Operated Healthcare Facilities**  
**Developmental Centers**

**RESIDENTIAL AND EMERGENCY SERVICE HISTORY**

Provide a chronological list of residential placement history. Include hospitalizations and other out of home crisis or therapeutic respite services. Add additional lines/pages as needed.

Provider/Service	Date of Admission to Date of Discharge	Reason for Admission	Outcome or Reason for Discharge