

**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.

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