

VIRGINIA DEPARTMENT OF SOCIAL SERVICES-DIVISION OF LICENSING PROGRAMS
MODEL FORMAT DEVELOPED FOR CHILDREN'S RESIDENTIAL FACILITIES

FACE SHEET

Resident's Full Name: _____ Birth Date: _____

Last Known Residence: _____ Birth Place: _____

Gender: Male Female Religious Preference: _____

Race: White (includes Arabian)
 Black (includes Jamaican, Bahamians and other Caribbean's of African but not Hispanic or Arabian descent)
 Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin)
 Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
 American Indians (includes Alaskans)

Social Security No., OR Unique Identifier: _____ Admission Date: _____

Legal Guardians:

Name	Address	Phone Number

Placing Agency Contact:

Name	Address	Phone Number

Parents (if appropriate)

Name	Address	Phone Number

Emergency contact:

Name	Address	Phone Number

Discharge Information:

Date of Discharge: _____

Reason for Discharge: _____

Name and address of person(s) to whom the resident was discharged: _____

Forwarding address, if known: _____

Transfer Information: (for residents transferred to facilities operated by the same sponsor)

FOR EACH LOCATION:

Address	Dates of placement	Date of transfer

For Pregnant Teens:

Expected delivery date: _____

Name of hospital to provide delivery services: _____

For the child of the adolescent mother:

Type of delivery: _____

Weight at birth: _____ Length at birth: _____

Any medications: Yes , LIST: _____
 NONE known

Any allergies: Yes, List: _____
 NONE known

Biological father: Unknown Known, list name and address below

Name	Address