Name: Facility Name: Reporting Year: Permit #

REHABILITATION REPORT

Intake	Quantit	Sex			n / Condition	Final Disposition							Reason & Expected date			
(Date)	* = e/t speci	es			Juv/A	(ie: HBC	/ Fract. Fe	mur	D24	DIC	E24	EIC	Released (Date/Location)	-	Transfer (Name/Rehab permit #/Dat HO	of release
TOTALS			0						() (0	0	0		0	0
			0				Totals	i	0							