# **Participant Transition-Discharge Checklist**

*Remember this Checklist only refers to NDIS Specific Information – you can add specific organisational information as required.*

*Participant Name NDIS No.*

*Primary AHP Name*

**Instruction:** Circle situations that apply and complete the form. Add to participant file.

Purpose of this form is to guide XXX staff to collaborate with the participant, their trusted decision makers, and past or future providers to enable safe and effective transitions in and out of XXX

All information gathered and shared during transition to be recorded in participant file

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| --- | --- |
| **Transitions *to* another provider** (circle if applicable) | Date / Initials |
| Was the transition expected or unexpected  |  |
| Communicate with participant and/or trusted decision maker to determine reason for transition. If reason for transition is dissatisfaction managed as an Incident and or Complaint, provide opportunity for participant to resolve dissatisfaction |  |
| Risks associated with transition identified, discussed with participant and documented in participant file |  |
| Support participant to find an alternative provider if required |  |
| With consent and collaboration of participant make referral and share relevant information with new provider |  |
| Date of transition determined |  |
| Complete review of final Support Plan including documentation of goal achievement |  |
| Participant file completed & discharge process completed by admin (you will need to determine these internal processes) |  |
| Follow up with participant and / or provider to determine outcome of transition |  |
| With consent and collaboration of participant make referral and share relevant information with new provider |  |
| Follow up with participant and/or provider to determine outcome of transition |  |
| **Discharge** (circle if applicable) | Date / Initials |
| Complete review of final Support Plan including documentation of goal achievement |  |
| Determine reason for discharge as per Support Plan |  |
| Participant file completed & discharge process completed by admin (you will need to determine these internal processes) |  |