

Exit Checklist Support Coordination

Participant Name		NDIS Number	
Support Coordinator Name			
Team Leader Name			
Funding	<input type="checkbox"/> Support Coordination		
<input type="checkbox"/>	Service Agreement end date clarified and confirmed	Date	/ /
<input type="checkbox"/>	Contact by SC to seek feedback around service (formal process on XXXXXX)		
<input type="checkbox"/>	Mainstream community supports (inc. advocacy & emergency numbers) identified and referrals/connections made		
<input type="checkbox"/>	Mainstream health supports identified and referrals/connections made		
<input type="checkbox"/>	Referral to NDIA partner provider made (<i>where applicable e.g. funding not sufficient for continuation of services</i>)		
<input type="checkbox"/>	Handover to new service completed		
<input type="checkbox"/>	All stakeholders advised of service cessation		
<input type="checkbox"/>	Email final hours & cease date to Team Leader		
<input type="checkbox"/>	Case notes and all files updated		
<input type="checkbox"/>	Folder archived (refer to NDIS PROC Records Management)		
Notes			
What did you like about Life Choice?			
Anything we could have done differently?			
Did we communicate effectively?			
Person Deceased			
<input type="checkbox"/>	NDIS PROC Incident Reporting for reportable incidents (<i>where applicable</i>)		
<input type="checkbox"/>	OPG & PTQ Contacted		
<input type="checkbox"/>	Email final hours & cease date to Team Leader		
<input type="checkbox"/>	Case notes and all files updated		
<input type="checkbox"/>	Folder archived (refer to NDIS PROC Records Management)		
Support Coordinator Signature			
Team Leader Signature			