

## NDIS Participant Transition / Discharge Checklist

**Purpose:** Guide Avanti Health Centre staff to collaborate with the NDIS participant, their trusted decision makers, and past or future providers to enable safe and effective transitions in and out of Avanti Health Centre supports.

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

<b>Participant Name</b>	
<b>NDIS Number</b>	
<b>Avanti Health Centre AHP contact</b>	
<b>Transitions to another provider</b>	Enter Initials and Date
The transition was:    Expected <input type="checkbox"/> Unexpected <input type="checkbox"/>	
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 have provided opportunity for participant to resolve dissatisfaction <b>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/></b>	
Risks associated with transition identified, discussed with participant and documented in participant file <b>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/></b>	
Support participant to find an alternative provider if required <b>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/></b>	
With consent and collaboration of participant make referral and share relevant information with new provider <b>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/></b>	
Enter date of transition determined	
Completed review of final Support Plan including documentation of goal achievement <b>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/></b>	
Participant file completed & discharge process completed by admin <b>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/></b>	
With consent and collaboration of participant make referral and share relevant information with new provider <b>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/></b>	
Follow up with participant and/or provider to determine outcome of transition <b>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/></b>	
Discharge <b>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/></b>	
Complete review of final Support Plan including documentation of goal achievement <b>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/></b>	