

RESIDENT ENTRY CHECKLIST

Name:

Arrival Date:

Address:

Room No:

Checklist	Yes	No	N/A	Initial	Date
Client Information & Authority [Form-0001A]					
Copies of Medicare / Pension/ Translink / Taxi / ID Card					
Client Information & Authority Addendum [Form-0001B]					
Doctors file					
Medication / PRN / Injection Card completed					
Pharmacy notified / Forms completed					
Staff notified:					
Head Office					
Kitchen					
Rental and spending account payments:					
Public Trust / Centapay / Direct Debit / Bank details					
R18 Tenancy Agreement signed					
House Rules explained					
Resident's phone number given					
Induction to facility and fire evacuation					
Key given					
Resident's details entered into Brevity					
Resident file created in Sharepoint					

Name of staff (please print):

Signature of staff member:

Date: