

RESIDENT EXIT CHECKLIST

Name: Block: Room No.

Date of notice given: Date of exist:

Checklist	Yes	No	N/A
Room inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key & Door Identification returned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funds / personal papers returned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt received for funds given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final pharmacy account given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy account paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Trust notified if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All medication returned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication signed for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension card returned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare card returned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco / Cigarettes returned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Office informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final account given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final account paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents file, filed in "Exit Cabinet"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mark as "Inactive" in Brevity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Forwarding Address:

Bank Account Details

Account Name:

BSB Number: Account Number:

Residents/Family signature:

Date:

Staff Member's Name:

Signature:

Date: