**Client Documents Checklist**

|  |  |  |
| --- | --- | --- |
| **Contents in folder** | **Section details (Mandatory Documents)** | **Tick if Available** |
| **Support planning** | * Client Profile and Support Information * Day to day routine * Entry and exit checklist * Application form * NDIS plan * Risk assessment/management * Service Agreement * Residential/SDA Agreement (if Applicable) * Medication Treatment sheets * **Health notes** (relating to specific health concerns, doctors’ appointments, etc..) |  |
|  | **Section details (Other required Documents)** |  |
| **Behavior support/specialist reports** | * Behavioral Assessment Report * Managing incidents behavior safety plan **(behavior support plan)** * Speech pathologist report (including visuals cues) –if applicable * OT report * Psychologists Initial Report (NDIS) * Community Access guidelines |  |
| **Individualized documents** | * **daily progress notes** * Day Report Book * Asset register * Weight monitor **–**if applicable * Weekly menu/ shopping list |  |
| **Health planning** | * Health Support Summary Needs- if applicable * Specific Health Management plans – if applicable |  |
| **Health notes/ Hospital admission documents** | * Hospital admissions forms |  |
| **Section 7**  **CHAPS** | * Comprehensive Health Assessments (CHAPS)- *for long-term respite residents.* ***N/A*** |  |
| **Treatment sheets/doctors forms** | * Medication administration blank sign sheets (for future dates- includes webster pack and original container) |  |
| **Incident reporting/ Complaint/ Feedback** | * Incident reports * Complaint Form * Feedback Form |  |