

Section 1 – Details			
Full Name		CIRTS ID	
NDIS Participant No		Date of Birth	
Address			
State		Postcode	
Phone Number		Mobile	
Email Address			
LWB Service Type	<input type="checkbox"/> Lifestyle Supports	<input type="checkbox"/> Supported Independent Living (SIL)	
Authorised Decision Maker	Function/s	<input type="checkbox"/> Appointed Guardian <input type="checkbox"/> Person Responsible <input type="checkbox"/> Other	
	Full Name		
	Phone Number		
	Email Address		

Section 2 – Meeting Preparation	
<input type="checkbox"/>	Book the Transition Meeting with the person we support and their support network
<input type="checkbox"/>	Ensure all LWB mandatory documents are up to date as per the NDIS LWB 802 Exit – Operational Checklist
<input type="checkbox"/>	Print copies of relevant documentation for the Transition Meeting

Section 2 – Transition Meeting			
Date		Time	
Location			
Attendees			

Supported Decision Making	<input type="checkbox"/> Has the person we support been encouraged to work through supported decision making to discuss any future options?
Sample Agenda	<ul style="list-style-type: none"> • Discuss reason for exit • Discuss possibilities for LWB to better meet the person’s needs through changes to their existing LWB services • Discuss alternative service/activities that may be suitable • If the person has decided to exit LWB, discuss Transition Planning as per below
Meeting Notes	
Required Transition Plans	The person we support agrees to LWB developing and sharing Transition Plans for LWB: <input type="checkbox"/> Lifestyle Supports <input type="checkbox"/> Shared and Supported Living (SIL)

Section 3 – Supported Independent Living Transition Plan			
LWB SSL Address:		Exit date:	
Team Leader:		Phone:	
Manager:		Phone:	
Change of Address:	Ensure all service providers are notified of the person’s change of address.		
New Provider Details			
Provider Name:		Phone:	
Provider Address:			
Contact Person:		Email:	
New Address:			

Possessions – to be transferred with the person we support			
Aids and equipment:			
Medications:			
Health support equipment:			
Furniture / art:			
Personal Belongings:			
Leisure equipment:			
Other:			
Farewell Process			
Describe actions to be completed where relevant to the person we support			
Housemates:			
Staff:			
LS Service Providers:			
Neighbours:			
Local community:			
Other:			
Consent to Share Information: (consent may be held on the person's file)			
I consent to share information with new provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	
Consent provided by:	<input type="checkbox"/> Person we support <input type="checkbox"/> Authorised Decision Maker	Date:	
Plans provided to new Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consent not provided	
Transition Plan Sign Off			
Plan completed by:		Position / Role:	

Section 4 – Lifestyle Supports Transition Plan			
LWB LS Service Location:		Departure Date:	
LS Line Supervisor:		Phone:	
LS Manager		Phone:	
Change of Address:	Ensure all service providers are notified of the change of address.		
New Provider Details			
Provider Name:		Phone:	
Provider Address:			

Contact Person:		Email:	
Lifestyle Centre Based Supports Only – possessions to be transferred with the person:			
Aids and equipment:			
Locker Contents: (if applicable)			
Artworks, craft, creations, projects:			
Spare clothes etc.			
Medications:			
Health Support Equipment			
Other: (specify)			
Farewell Process	Describe actions to be completed where relevant		
Support staff:			
Other people we support:			
Community members:			
Consent to Share Information: (consent may be held on the person's file)			
I consent to share information with new provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	
Consent provided by:	<input type="checkbox"/> The person we support <input type="checkbox"/> Authorised Decision Maker	Date:	
Plans provided to new Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consent not provided	
Transition Plan Sign Off			
Plan completed by:		Signature:	
Position / Role:		Date:	

Section 5 – Once Plans are Completed	
<input type="checkbox"/>	Complete the NDIS LWB 802 Exit - Operational Checklist