

This Confirmation of Stay covers one (1) individual stay period in Short Term Accommodation (STA) with LWB and is within the timeframe of your current LWB Service Agreement. The Confirmation of Stay includes the date/s of stay, the quote for this stay period and the mandatory safeguarding requirements which must be met to ensure a safe and positive stay. Both parties must sign this form to secure the STA booking, acknowledge acceptance of the quotation and meet safeguarding requirements.

For VOOHC, this Confirmation of Stay constitutes a Written Confirmation of Placement.

Personal Details		
Name		
Home Address		
NDIS Participant ID		
If under 18 years	<input type="checkbox"/> Voluntary Out of Home Care <input type="checkbox"/> Out of Home Care <input type="checkbox"/> NA	
Booking Details		
Dates	Check-In	Check-Out
Booked		
Actual		
Check-In Details		
Advanced Check-In	<input type="checkbox"/> Yes – Date:	<input type="checkbox"/> Not Required
Name of Person Responsible Note: This person must be available at Check-In and will take responsibility for rectifying any discrepancies in safeguarding requirements		
Financial Details		
NDIS Service Booking Number		
Quotation - The amount LWB will be charging for this stay and any associated transport costs		
Payment Type	<input type="checkbox"/> NDIS Managed	
	<input type="checkbox"/> Self-Managed – Invoice Required	

		<input type="checkbox"/> Plan Managed – Invoice Required	
		<input type="checkbox"/> Fee for Service – Invoice Required	
Safeguarding Requirements			
All items selected below are required to be provided at Check-In. Failure to provide all items may result in LWB declining to provide services. Discrepancies or errors identified at Check-In will need to be rectified before the commencement of the stay. Rectifying discrepancies or errors must be undertaken by the Person Responsible and is NOT the responsibility of LWB staff.			
Behaviour Support Plans		Support Plans	
<input type="checkbox"/> Behaviour Support Plan		<input type="checkbox"/> Mobility / Manual Handling Plan	
<input type="checkbox"/> Incident Prevention Response Plan		<input type="checkbox"/> Mealtime Management Plan	
<input type="checkbox"/>		<input type="checkbox"/> Personal Care Plan	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
Medical / Medications		Restricted Practice/ Authorisations (RPA)	
<input type="checkbox"/> Medication matches the Doctor's Authority		<input type="checkbox"/> Mechanical restraint (including bedrails)	
<input type="checkbox"/> Medication match Medication Fact Sheet		<input type="checkbox"/> Chemical Restraint (Including PRN)	
<input type="checkbox"/> Medication Support Plan		<input type="checkbox"/> Restricted Access (to Finances)	
<input type="checkbox"/>		<input type="checkbox"/> Seclusion	
<input type="checkbox"/>		<input type="checkbox"/> Environmental	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
Acceptance			
Acceptance of Quotation and Responsibility to supply Safeguarding Requirements:			
	Print Name	Signature	Date
Person Responsible			
LWB Staff Member			

Save completed form to CIRTS - Progress Notes > Subject Category - Respite > Subject:
Confirmation of Stay > Insert date range