LIFE WITHOUT BARRIERS

NDIS LWB 5114 Short Term Accommodation – Confirmation of Stay Template

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	□ Voluntary Out of Home Care □ Out of Home Care □ NA					
Booking Details						
Dates	Check-In	Check-Out				
Booked						
Actual						
Check-In Details						
Advanced Check-In	□ Yes – Date:	□ 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		NDIS Managed				
		□ Self-Managed – Invoice Required				



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□ Plan Managed – Invoice Required

□ 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				
Behaviour Support Plan			Mobility / Manual Handling Plan			
Incident Prevention Response Plan			Mealtime Management Plan			
		Personal Care Plan				
Medical / Medications		Restricted Practice/ Authorisations (RPA)				
Medication matches the Doctor's Authority			□ Mechanical restraint (including bedrails)			
Medication match Medication Fact Sheet		□ Chemical Restraint (Including PRN)				
Medication Support Plan		Restricted Access (to Finances)				
		□ Seclusion				
		Environmental				
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