

Client Name			
Arrival Date		Departure Date	

Clothing and Personal Items

Include any items the person will bring to their Short Term Accommodation (STA) stay and the clothes they intend to wear at the time of entry. Ensure all items are marked with their name or initials. Staff to check each item on entry and exit of the STA stay to ensure all items are returned.

Item/s		Quantity	Description	Staff Initials	
				IN	OUT
Outerwear	Jeans				
	Trousers/Pants				
	Track Pants				
	Leggings				
	Shorts				
	T-shirts				
	Shirts/blouses				
	Jumpers				
	Skivvies				
	Cardigans				
	Dresses				
	Skirts				
Underwear	Underpants				
	Bras				
	Singlets				
	Socks				
	Stockings/tights				

Nightwear	Pyjamas				
	Nighties				
	Dressing gown				
Jackets	Parka				
	Raincoat				
	Other				
Swimwear	Swimmers				
	Beachtowel				
	Goggles				
	Sunhat				
Footwear	Sneakers				
	Shoes				
	Slippers				
	Thongs/Sandals				
	Boots				
Uniform	Shirt/T-Shirt				
	Shorts/Skirt/Pants				
	Other				
Bags	Overnight bag				
	Belt bag				
	Handbag				
	School/Backpack				
	Wallet/purse				
	Other				

Toiletries	Toiletry bag				
	Toothpaste/brush				
	Hairbrush				
	Soap/container				
	Deodorant				
	Talc				
	Face Washer				
	Towel				
	Shaving gear				
	Shampoo				
	Conditioner				
	Hair bands/clips				
	Sunblock cream				
	Other				
Personal	Disposable Incontinence Pants				
	Sanitary pads				
	Incontinence pads				
	Support pants				
	Clothing Protectors/Bibs				
Rec/Leisure	DVD's/CD's				
	Books				
	iPod/iPad/tablet/ mobile phone				

	Tapes/games				
	Other				
Mobility Aids					
Jewellery					
Glasses					
Other items					
Would you like us to wash your clothes during the stay? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Spending Money

Spending Money received on Arrival	\$
Spending Money returned on Departure	\$
Receipts attached	<input type="checkbox"/> Yes <input type="checkbox"/> No – _____

Medication

If the person we support is bringing medication to their STA stay, the [NDIS LWB 5117 Short Term Accommodation - Medication Checklist](#) must be completed

Save completed form to CIRTS - Progress Notes > Subject Category - Respite > Subject: Arrival Checklist YYYY.MM.DD