



## RESPITE CENTRE PROPERTY REGISTER FORM

Name: \_\_\_\_\_

Intake: \_\_\_\_\_ Exit: \_\_\_\_\_

Item	Assigned to Room or Cashbox No.	Intake	Staff sign In	Exit	Staff sign Out
Spending Money					
Purse / Wallet					
Medicare Card					
Pensioner Card					
Transport Concession Card					
Taxi Vouchers					

Are there any special needs regarding this stay at respite?

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### Staff to complete checklist

#### Intake

(Please Circle)

- |   |     |    |          |
|---|-----|----|----------|
| Medication required on intake?            | Yes | No | Comment: |
| Medication Chart current for this intake? | Yes | No | Comment: |
| Tablets arrived in a Webster Pack?        | Yes | No | Comment: |
| Tablets match Medication Chart?           | Yes | No | Comment: |
| Day / Other Service form completed?       | Yes | No | Comment: |
| Are items coming in to respite labelled?  | Yes | No | Comment: |

#### Exit

- |                                      |     |    |          |
|--------------------------------------|-----|----|----------|
| End Of Stay / Money Report completed | Yes | No | Comment: |
| Money and Medication packed          | Yes | No | Comment: |







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<b>ACCESSORIES</b> Please include 1 item per line – this section covers shoes, hats, handbags, day-bags, lunchboxes, drink bottles, etc	<b>Qty</b>	<b>Colour</b>	<b>Intake</b>	<b>Exit</b>

<b>JEWELLERY ITEMS</b> Please include 1 item per line – this section covers watches, rings, eye glasses, sun glasses, necklaces, etc	<b>Qty</b>	<b>Colour</b>	<b>Intake</b>	<b>Exit</b>

<b>TOILETRIES</b> Please include 1 item per line – this section covers soap, toothpaste, toothbrush, shampoo, conditioner, brush/comb, etc	<b>Qty</b>	<b>Colour</b>	<b>Intake</b>	<b>Exit</b>

