This checklist is to be completed by the On Duty Support Worker, when a participant enters Respite, ticking the box on the right when task completed.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Read Participants File |  |
| Read Communication Book (large Comm book) |  |
| Check in medication, noting separate medication containers:  *Check if medication is listed on Webster pack:*  *Compare medication list with Participant Treatment Form:*   1. ………………………………………… 2. ………………………………………… 3. ………………………………………… 4. ………………………………………… 5. ………………………………………… |  |
| Complete medication whiteboard inside pantry door |  |
| Check in Cash / money |  |
| Read Participant Individual Communication Book (if Participant has one) |  |
| Assist Participant in unpacking & settling in |  |
| List any special items the Participant has brought in.  Books, puzzles, toys, games.   1. ………………………………………………………….. 2. ………………………………………………………….. 3. ………………………………………………………….. 4. ………………………………………………………….. 5. ………………………………………………………….. |  |

**Support Worker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**