ENHANCED Lifestyles
Enabling Independence

LAAS
Lifestyle Assistance & Accommodation Service

Working together to build a better future

QF117	EXITED CUSTOMER/CLIENT CHECKLIST

Customer/Client name:________________________ Date: ______________________

INVESTIGATE	**Name**
How was Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service notified that the Customer/Client wished to exit?	
Was the mandatory two weeks notice given? **Yes / No** If not, why?	
Has the Customer/Client's team of Lifestyle Attendants been notified? **Yes / No** If not how/when does the Customer/Client wish this to occur? • From the Office • From the Customer/Client	
What does the Customer/Client require to make a smooth transition?	
Risk Assessment conducted **Yes / No / NA**	
Why did they leave? Is there an issue we need to investigate? Have they another Provider? Do they need a hand over, buddy shift? Can they manage safely? Do they need assistance, Provider / Advocate / Complaint? Any other issues raised.	

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TASK	
Enter exit date into CIMS (In Service tab)	
Note answers in CIMS	
Notify all operational employees via email	
Archive Roster	
FINANCE	
Ensure Customer/Client is up to date with billing/payments	
Deactivate cost code from Teleclock	
Notify Finance Officer to schedule removal from NAV databases	
CONTACT CUSTOMER/CLIENT	
Where applicable, how will the token be retrieved?	
Does the Customer/Client consent to being contacted by Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service in the future? **Yes / No**	

TASK	
Archive Customer/Client File	
Submit checklist to Quality and Training Manager	

Name:____

Signed: ____________________ Date: ____________________

Manager Use:

	Customer CIMS check		Customer/Client contacted re: experience **Yes / No**
	H drive check		Follow up items completed
Sign		Date	