Comprehensive Care Solutions Pty Ltd

Participant Exit and Transition Form

PARTICIPANT DETAILS	
First Name	
Last Name	
Contact details	
REPRESENTATIVE DETAILS	
First Name	
Last Name	
Relationship to client	
Contact details	

TRANSITION DETAILS			
Type of transition	☐ Exit service ☐ Temporary ☐ Other (please specify):		
Exit Service			
Date support ends:	___/___/___		
Reason for exiting:			
Temporary Transitions			
Transition to:			
Date support ends	___/___/___	Date support resumes:	___/___/___
Reasons for transition:			

Comprehensive Care Solutions Pty Ltd

Participant Exit and Transition Form

INFORMATION SHARING	
Information sharing arrangement:	
Consent to share information provided	☐ Yes ☐ No

Risks associated with transition	Risk management strategies	Comments	Person responsible

Comprehensive Care Solutions Pty Ltd

Participant Exit and Transition Form

Consent

The Participant consents to Comprehensive Care Solutions Pty Ltd:

a) Sharing and discussing your Plan with any new providers of your supports and services that you have identified to us, ensuring a well-coordinated and documented transition of supports.

b) Engage in discussions with the new providers you have chosen, including the discussion of any risks associated with transitioning your care, to ensure a smooth and planned transfer of services.

c) Provide copies of all existing records related to the supports and services we have provided, except for those records that Comprehensive Care Solutions Pty Ltd is not obligated to release under applicable law. This will be done upon your request and is aimed at facilitating an informed transition while respecting privacy and legal requirements.

Signed by the Participant

Name: _____ Date: ___/___/___

Signature: _____

Signed by the Representative

Name: _____ Date: ___/___/___

Signature: _____