



Brain Injury Community Re-entry (Niagara) Inc.

Checklist of Items to Bring to a Respite Stay

Participant Name: _____ RB # _____

Date of Arrival (D/M/Y): _____ Depart: (D/M/Y): _____

Tour Completion Date (D/M/Y): _____ Staff Name: _____

Please ensure the following items are brought to a respite stay.

Items 1 through 4 are mandatory:

1. All medications to be administered during the respite stay plus the next administration time in case the participant needs to stay longer.
2. Health card in case there is a need to go to the walk-in clinic or the hospital.
3. Spending money to cover recreation events (will be arranged prior to the respite stay)
4. Phone numbers of where a contact person can be reach in case of an emergency. (Cell phone number would be helpful). If you will be going out of town please provide an alternate emergency contact person and phone number.

Items 5 through 13 are optional:

5. Own bedding if desired. (the bed needs double sheets). There is bedding available at the house.
6. Pillow.
7. Toiletry items including (tooth brush, shampoo, electric razor, make-up etc.).
8. One large bath towel (other towels will be provided).
9. Favourite game, crossword puzzle or other activity. (photo albums are always great to start conversations).
10. Photos to be placed in the bedroom during the stay are always welcome.
11. Day-timer or a notebook for communication if possible.
12. It is sometimes helpful for staff to have a list of likes and dislikes such as favourite meals.
13. A favourite snack as we may not have it at the residence.

Additional Comments:

Please use additional paper if required

Completed by signature: _____ Date: _____

Received by Privacy Officer Date: _____