



Brain Injury Community Re-entry (Niagara) Inc.

# Respite Stay List of Items

Participant Name: \_\_\_\_\_ RB # \_\_\_\_\_

Date of Arrival (D/M/Y): \_\_\_\_\_ Depart: (D/M/Y): \_\_\_\_\_

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

Please complete the form below indicating the items brought to the respite stay:

Item Description	Number of Items	Staff Initial on Arrival	Staff Initial on Departure

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please use additional paper if required*

Completed by signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by Privacy Officer Date: \_\_\_\_\_