



EARLY DISCHARGE/UNEXPECTED EXIT PLAN

This document will inform the exit strategy staff should your whaiora leave Te Whare Oranga Ngākāu programme prior to their planned discharge date.

The exit plan may need to be implemented in an emergency or other urgent situation, so please ensure the information you provide is accurate and sufficient to ensure your whaiora's safety.

Please note: Te Whare Oranga Ngākāu will not provide funds for travel or accommodation costs for your whaiora. It is the individual's responsibility to fund travel and accommodation in the event of early discharge.

Whaiora Name: _____ **DOB:** _____

Referrers Name: _____ **Phone:** _____

Contact Numbers (including agency's out of hours number): _____

Email Address: _____

Agency Address: _____

Contact Numbers (incl. out of hours): _____

Address to be discharged to: _____

Contact person at this address: _____

Relationship to Whaiora: _____

Contact Numbers: _____

Other supports to be contacted: _____

Contact Numbers: _____

Declaration:

I understand the importance of this exit plan and have provided information that to the best of my knowledge is accurate and correct.

Signed (Referrer): _____ **Date:** _____

Signed (Whaiora): _____ **Date:** _____

Approved By: CQI	Reference: TWON Master Form	Title: Early Discharge / Unexpected Discharge	
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