



## CHECK LIST

TOOTHPASTE	TOOTHBRUSH
SOAP	WASHING RAG/ CLOTH
TOWEL	VASELINE / DAWN
ROLL-ON	COMB
PYJAMAS	UNDERWEAR
PEGS	PAD LOCK
PLASTIC CUP AND BOWL	TEA/COFFEE AND SUGAR
WASHING POWDER	BLANKET
SNACKS (CHIPS, SWEETS, MORVITE, NOODLES, JUICE) ECT. CIGARETTES. THESE MUST BE SEALED	

- ❖ CLOTHES AND SHOES TO CHANGE
- ❖ **NO** CELLPHONES ALLOWED
- ❖ NO LAUNDRY WILL BE DONE AT THE CLINIC (FAMILY MEMBERS / REFERING SOCIAL WORKER ARE REPOSNSIBLE FOR THIS)
- ❖ MONEY (ENOUGH FOR 2WEEKS AT A TIME) FOR SNACKS AND OTHER NECESSITIES (THIS WILL BE KEPT BY THE STAFF).

THE SERVICE USERS WILL RECEIVE A DAY PASS OUT TWO WEEKS AFTER ADMISSION

VISITATION WILL BE THE 3<sup>RD</sup> WEEKEND AND THE 5<sup>TH</sup> WEEKEND FROM WHEN THE SERVICE USER WAS ADMITTED

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