| Transition to Independent Living Allowance (TILA) Application Form | |
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| Privacy Notice for Claimant | Your personal information is protected by law, including the *Privacy Act 1988,* and is collected by the Australian Government Department of Social Services and the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.  Your information may be used by the departments or given to other parties for the purposes of research, investigation or where you have agreed or it is required by law.  You can get more information about the way in which the Department of Social Services will manage your personal information, including the department’s privacy policy at dss.gov.au/privacy-policy or by requesting a copy from that department.  **You can get more information about the way in which the Department of Human Services will manage your personal information, including the department’s privacy policy at humanservices.gov.au/privacy or by requesting a copy from that department.** |
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| **Part 1 Claimant Details** | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CRN |  | | | | | | | | | | | | | | |
| Title |  | | | First Name | | | | |  | | Middle Name | | | |  |
| Surname |  | | | | | | | | | | | | | | |
| Date of Birth |  | | | | |  | Male |  | | Female | |  | Indeterminate/Intersex/Unspecified | | |
| Home address Line 1 | | |  | | | | | | | | | | | | |
| Home address Line 2 | | |  | | | | | | | | | | | | |
| Suburb/Town |  | | | | | State | |  | | | | Postcode | |  | |
| Postal Address if different to Home Address | | | | | | | | | | | | | | | |
| Postal Address Line 1 | | |  | | | | | | | | | | | | |
| Postal Address Line 2 | | |  | | | | | | | | | | | | |
| Suburb/Town |  | | | | State | | |  | | | | Postcode | |  | |
| The purpose of this form is to collect information about you to determine your eligibility for TILA. If you consent as requested below, this form will be completed by your caseworker and provided to the Department of Social Services and the Department of Human Services to process your TILA Application. The departments and your caseworker may also need to discuss your information for this purpose.  While this consent is voluntary, if you do not consent the departments may not have sufficient information to determine your TILA Application.  **I consent to my caseworker providing my personal and sensitive information to the Department of Social Services and the Department of Human Services as required to assess and administer TILA payments and services to me.** | | | | | | | | | | | | | | | |
| **Claimant Signature** | |  | | | | | | | | | | | | | |

| **Part 2 Caseworker Details** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Case Worker  Full Name of Agency/Support Service | | | |  | | |
|  | | |
| Business Phone Number | |  | | | Mobile Phone |  |
| Email Address |  | | | | | |
| **I confirm that:**   * this young person is an Australian citizen or permanent Australian resident * this young person is currently, or has been, the subject of a care and protection order that places them in the care and custody of someone who is not their parent * this young person is accessing transition support through a program or agency * a Transition Plan is in place for this young person * this is an appropriate time and use of TILA to support the goals and activities of the young person’s transition plan. | | | | | | |
| **Caseworker Signature** | | |  | | | |

| **Part 3 Young Person’s Circumstances** | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Young Person’s Country of Birth | | | | |  | | | | | | | | | | | | | | |
| Date the young person will or did exit formal care | | | | | | | | | | |  | | | | | | | | |
| What is the young person’s current accommodation? | | | | | | | | | | | | | | | | | | | |
|  | Renting – Private | | | | |  | | | Juvenile Justice Centre | | | | | | |  | | Other (Specify) | |
|  | Residential Care | | | | |  | | | Crisis/Medium Term Accommodation | | | | | | |  | |  | |
|  | Owns or Purchasing Accommodation | | | | |  | | | Foster Care/Community Placement | | | | | | |
|  | Community Housing | | | | |  | | | Caravan Park | | | | | | |  | |
|  | Boarding | | | | |  | | | Public Housing | | | | | | |
| What is the current employment status of the young person? | | | | | | | | | | | | | | | | | | | |
|  | Not employed | | |  | | | Part Time Employment | | | | | |  | Volunteering | | | | | |
|  | Casual Employment | | |  | | | Full Time Employment | | | | | |  | Unemployed/Looking for Work | | | | | |
| What is the current education/training status of the young person? | | | | | | | | | | | | | | | | | | | |
|  | Part Time Education and/or Training | | | | | | | | | |  | Full Time Education and/or Training | | | | | | | |
|  | Not Undertaking Any Education or Training | | | | | | | | | | | | | | | | | |
| What is the young person’s primary source of income? | | | | | | | | | | | | | | | | | | | |
|  | Income Support payment from Centrelink | | | | |  | | | | Income from Employment | | | | |  | | Other (Specify) | | |
|  | No Income | | | | |  | | | | Registered for or Awaiting Benefits | | | | |  | |  | | |
| Select the category of goods and/or services being purchased (select all that apply) | | | | | | | | | | | | | | | | | | | |
|  | One-off Transport Expense | | | | |  | | | | Food/Clothing | | | | |  | | Training or Life Skills Course | | |
|  | Employment Support | | | | |  | | | | Education or Training Support | | | | |  | | Other (Specify) | | |
|  | Home establishment | | | | |  | | | | Bond Payment/Rent | | | | |  | | | | |
| Provide details of the types of goods and/or services being purchased. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Stage at which TILA payment is being used? | | | | | | | | | | | | | | | | | | | |
|  | During transition from care | | | | |  | | | | After transition from care | | | | |  | | In preparation for leaving care | | |
| Does the young person identify as being of Aboriginal or Torres Strait Islander descent? | | | | | | | | | | | | | | | | | | | |
|  | Yes |  | No | | | | |  | | Choose not to give information | | | | | | | | | |
| Is the young person from a Culturally or Linguistically Diverse background? | | | | | | | | | | | | | | | | | | | |
|  | Yes |  | No | | | | |  | | Choose not to give information | | | | | | | | | |
| Does the young person have a disability? | | | | | | | | | | | | | | | | | | | |
|  | Yes |  | No | | | | |  | | Choose not to give information | | | | | | | | | |

| **Part 4 Payment Details** | |
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| Amount of TILA to be requested |  |