



July 2009

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Important - How to use this form

- **Before** entering information into this form you must save it to your computer, to do this select 'save as' from the 'File' menu, or use the save to my computer button in the top right corner and choose a location to save the file.
- Once this form is saved to your computer information/data can be added to the PDF and saved at any time and the completed form can then be printed, signed and sent to the TILA National Service Provider.

This referral assessment is used to determine a young person's eligibility for the *Transition to Independent Living Allowance* (TILA). Completion of this referral assessment does not place the organisation administering TILA under any obligation to provide TILA funding. This referral assessment also collects non-personal data to be used for evaluating TILA.

Please complete this assessment with reference to the *Transition to Independent Living Allowance Guidelines*, available from TILA administering organisations or the Australian Government Department of Education, Employment and Workplace Relations website - <http://www.deewr.gov.au/tila>

The referral assessment checklist must be completed before proceeding with the rest of the form.

Section 1 — is to be completed by the **referring organisation**.

Section 2 — is to be completed by the **young person**.

Section 3 — is to be completed by the **TILA National Service Provider**.

The information contained in this referral assessment will be held under the provisions of the *Commonwealth Privacy Act 1988* and the *Social Security (Administration) Act 1999*.

If you are completing this form on behalf of a young person you must:

- as the referring organisation complete Section 1; and
- have the young person complete Section 2.

Once Sections 1 and 2 are completed submit the completed forms , including quotes to:

Southern Youth and Family Services
TILA Program
PO Box 23
Wollongong NSW 2520
Fax- (02) 4228 4613
Email- tila@syfs.org.au

Contact details can be found at - <http://www.deewr.gov.au/tila>

You may wish to photocopy the completed application for your records prior to submission to the administering organisation, however this is optional.

TILA Checklist

Have you included:

- Verification of Formal Care/Care order (if claiming under formal care) Attachment A
- Centrelink Verification Form (if claiming under informal care) Attachment B
- Quotes
- Completed section marked Payment Options

Part A: Referring organisation's details

Fax Completed Form to (02) 4228 4613

Name of person completing referral documentation

Date

DD / MM / YYYY

Area Code

Phone Number

Area Code

Fax Number

Email Address

Name of the referring organisation

Postal Address

State

Post Code

Part B: Payment Options

Option 1

- Agency pays for items after approval and seeks reimbursement.
- Must provide retailer(s)/supplier(s) receipts or tax receipts with ABN made out in young person's name.

Please supply **Your** ABN

Option 2

- Agency seeks payment prior to purchase.
- Must provide retailer(s)/supplier(s) 30 day quotations/tax invoices or lay buy dockets with ABN made out in young person's name.

Part C: Young person's details

C.1 Young person's name

Country of birth

Sex

Male

Female

Date of birth

DD / MM / YYYY

Optional

C.2 Is the young person from a culturally or linguistically diverse background?

Yes

No

C.3 Is the young person of Aboriginal or Torres Strait Islander descent?

Yes

No

C.4 Does the young person identify as having a disability

Yes

No

Part D: Referral Assessment Checklist

To be eligible for TILA the eligibility and payability criteria must be met (see TILA Guidelines for more details). Verification will need to be supplied wherever possible to support the application.

D.1 Is the young person a permanent Australian resident?
(i.e. an Australian Citizen or the holder of a permanent visa)

Yes

No

▶ If No, the young person is not eligible for TILA

D.2 Is the young person aged at least 15 years old and less than 26 years old?

Yes

No

▶ If No, the young person is not eligible for TILA

D.3 Is the young person approaching or experiencing their transition to independent living?
(i.e. a living arrangement where they will not have parental/parental like support?)

Yes

No

▶ If No, the young person is not eligible for TILA

D.3.1 If the young person has already made a transition to independent living on what date did this occur?

DD / MM / YYYY

N/A

D.4 Is the young person at risk of an unsuccessful transition to independent living? Yes No **If No, the young person is not eligible for TILA**

D.5 Has the young person previously received TILA assistance? Yes **If Yes, the young person is not eligible for TILA**
No

D.6 Is the young person currently the subject of a care and protection order that places them in the care and custody of someone who is not their parent? Yes **If Yes, continue to D.6.1**
No **If No, continue to D.7**

D.6.1 If you answered **yes** to question D.6 When will the young person exit care? DD / MM / YYYY **Continue to D.12**
Please complete and affix Attachment A.

D.7 Was the young person previously the subject of a care and protection order that placed them in the care and custody of someone who was not their parent and has their order ceased/expired due to their age? Yes **If Yes, Continue to D.7.1**
No **continue to D.8**

D.7.1 If you answered yes to question D.7 On what date did the young person exit care? DD / MM / YYYY **Continue to D.12**
Please complete and affix Attachment A.

D.8 Is the young person currently in, or were they previously in informal care? (e.g. homeless, refuge, SAAP, supported accommodation.) Yes **If Yes, continue to D.10**
No

D.9 Is the young person currently in, or were they previously in Indigenous Kinship care? Yes
No **If No, the young person is not eligible for TILA**

D.10 Is the young person in receipt of, previously been in receipt of, or eligible to receive one of the following Centrelink payments? Yes **If Yes, please complete and affix Attachment B.**
No **If No, the young person may not be eligible for TILA. Go to D.11**

- Youth Allowance
- Abstudy
- Special Benefit
- Disability Support Pension

D.11 Has the young person been assessed by Centrelink as having, or previously been eligible for independent status for one of the following reasons? Yes **If Yes, please complete and affix Attachment B.**
No **If No, the young person is not eligible for TILA**

- Homelessness (unreasonable to live at home)
- In Supported State Care
- In Unsupported State Care
- Orphan
- Refugee without parents in Australia
- Parents who are unable to exercise their responsibilities

D.12 Can the young person receive the requested support from any other program, measure or scheme? Yes **If Yes, the young person is not eligible for TILA**
TILA is to be used in addition to any other support available (see 2.10 of TILA Guidelines)
No

D.13 Is the requested support going to provide necessary relief for the young person? Yes
See 2.8 of TILA Guidelines for definition of "necessary relief".
No **If No, the young person is not eligible for TILA**

Part E: Young person's circumstances

E.1 Where is the young person living?

- | | |
|--|--|
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> No accommodation |
| <input type="checkbox"/> Juvenile Justice Centre | <input type="checkbox"/> Boarding |
| <input type="checkbox"/> Crisis/Short term/SAAP funded accommodation | <input type="checkbox"/> Private residence |
| <input type="checkbox"/> Renting | <input type="checkbox"/> Community placement |
| <input type="checkbox"/> Other - please specify | <input type="checkbox"/> Caravan park |

E.2 What is the current labour force/education status of the young person? (multiple choices allowed)

- | | |
|---|---|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Full-time education/training |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Part-time education/training |
| <input type="checkbox"/> Employed casually | <input type="checkbox"/> Unemployed/looking for work |
| <input type="checkbox"/> Not in labour force, education or training | <input type="checkbox"/> No information |

E.3 What is the the young person's primary source of income?

- | | |
|--|---|
| <input type="checkbox"/> No income | <input type="checkbox"/> Income from employment |
| <input type="checkbox"/> Registered or awaiting benefits | <input type="checkbox"/> Income from Centrelink |
| <input type="checkbox"/> Other - please specify | <input type="checkbox"/> No information |

E.4 How much TILA support is being sought? (Up to a limit of \$1,500)

E.5 What type of support is being sought?

(If more than one type of support is being sought, please prioritise by number)

- | | |
|--|---|
| <input type="checkbox"/> Training or life skills courses | <input type="checkbox"/> Education support |
| <input type="checkbox"/> Home establishment | <input type="checkbox"/> Employment support |
| <input type="checkbox"/> Food/clothing | <input type="checkbox"/> Bond payment/rent |
| <input type="checkbox"/> One-off transport expense | <input type="checkbox"/> Other |

Specify the goods/services to be provided with the TILA assistance, these must be in line with the steps identified in the transition plan (e.g. whitegoods, enrolment fees).

E.6 When is TILA going to be used?

In preparation before leaving care

Post Transition

After leaving care

Other – please specify

During transition

Part F: Transition planning

F.1 Is the young person CURRENTLY accessing any Transition Support through an existing program/agency etc?

Yes

Please specify the nature of this support below

No

F.2 Has the young person's exit from care been planned?

Yes

No

Baseline out-of-home care standards were agreed in 1995 (Standing Committee of Community Services and Income Security Administration). According to these standards, specified agencies are responsible for developing exit plans for each young person leaving state care. For more information about exit plans please contact your relevant State/Territory welfare department.

F.3 Is a Transition Plan in place? Yes

No

Transition plan refers to any other case management plan (developed either by the State/Territory welfare department or a non-government organisation) that outlines activities that support a young person's transition to independence. Transition plans address a wide range of needs that a young person may have.

F.4 Name of the organisation responsible for the Transition/Exit Plan.

F.5 Details of the Officer responsible for the Transition/Exit Plan.

Name

Position in the organisation

Area Code

Telephone number

Fax number

F.6 Short-term goals and steps to achieve these:

F.7 Medium-term goals and steps to achieve these:

F.8 Long-term goals and steps to achieve these:

Declaration

- I declare that the information provided in this form, including all supporting documents, is correct to the best of my knowledge. I acknowledge that TILA monies received and spent otherwise than in accordance with the current version of the TILA Guidelines, or is received as a result of incorrect, fraudulent or misleading information being included and/or submitted with this form must be immediately repaid to the TILA National Service Provider or the Department of Education, Employment and Workplace Relations (DEEWR) if required to do so by notice in writing by the TILA National Service Provider or DEEWR.
- I verify that all TILA monies will be spent in accordance with the TILA Guidelines, to purchase goods and/or services that provide necessary relief for the young person.

Signature

Date

DD / MM / YYYY

Please Note: Forward completed referral assessment forms to the TILA National Service Provider for approval, **do not** send them to the Department of Education, Employment and Workplace Relations for approval.

**Young person seeking TILA
support continue to section 2**

SECTION 2 - To be completed by the young person seeking TILA support

Privacy

Your personal information is being collected in this form to determine your eligibility for TILA. Some information will be collected in order to help assess the effectiveness of TILA. Failure to provide non-optional information may make it impossible for your application to be evaluated. This information will be held by the referring organisation, the organisation administering TILA and the Australian Government Department of Education, Employment and Workplace Relations (DEEWR). You may request access to this information. Please contact DEEWR on helpdesk.tila@deewr.gov.au with any questions.

Part G: Personal details

G.1 First Name Last Name

Current Address State Post Code

G.2 Optional

Centrelink Customer Reference Number

G.3 Have you received TILA support in the past? Yes
No

Declaration

- I declare that the information provided in this form, including all supporting documents, is correct to the best of my knowledge. I acknowledge that TILA monies received and spent otherwise than in accordance with the current version of the TILA Guidelines, or is received as a result of incorrect, fraudulent or misleading information being included and/or submitted with this form must be immediately repaid to the TILA National Service Provider or the Department of Education, Employment and Workplace Relations (DEEWR) if required to do so by notice in writing by the TILA National Service Provider or DEEWR
- I consent to the referring organisation named, and/or the TILA administering organisation contacting and receiving information from the state/territory welfare authority and/or Centrelink to verify my eligibility for TILA.

Name

Signature

Date DD / MM / YYYY

**Administering Organisation
continue to section 2**

SECTION 3 - To be completed by the administering organisation

Part H: Administering organisation

H.1 Name of the administering organisation

H.2 Details of person assessing TILA application

Name

Position in the organisation

Area Code

Telephone number

Assessment

H.3 Date of application lodgment DD / MM / YYYY

H.4 Has TILA been approved? Yes Amount approved

No

If TILA has not been approved, please outline why

H.5 Is the recipient in the priority target group? Yes

No

H.6 Who has TILA been provided to:

Directly to supplier(s) by administering organisation;

Supplier(s) through the referring organisation; or

Directly to the referring organisation

Directly to the young person.

Declaration

I confirm:

- that I have assessed this application for TILA in accordance with the Guidelines;
- that all approved TILA funding will be provided to a service provider or non-government organisation. It will not be used for administration; and
- a direct cash payment to a young person will only be made where there are exceptional circumstances and relevant support is in place to ensure that the young person spends these monies appropriately.
- a direct cash payment to a young person will only be made where there are exceptional circumstances which have been approved by the TILA Service Provider.

Signature

Date

DD / MM / YYYY



Transition to Independent Living Allowance (TILA)

Claims under the criteria of formal care

This form is for the use of State and Territory Child Protection staff to verify the care status of young people claiming the Transition to Independent Living Allowance (TILA).¹ This information is required to verify the circumstances of young people claiming TILA under the criteria of Formal Care.²

1 Young person's name

2 Young person's date of birth

3 Is the young person **currently** the subject of a care and protection order? No Yes ▷ On what date will the young person's order expire?
 ▷ **Go to Question 5**

4 Was the young person **previously** the subject of a care and protection order? No ▷ **The young person is not eligible for TILA under the formal care provisions.** Yes ▷ On what date did the young person's order expire?

5 Additional information — (if requested by the young person)

State and Territory Child Protection staff details

Name	<input style="width: 95%; height: 20px;" type="text"/>	Location	<input style="width: 95%; height: 20px;" type="text"/>
Position	<input style="width: 95%; height: 20px;" type="text"/>		
Organisation	<input style="width: 95%; height: 20px;" type="text"/>	Contact phone number	<input style="width: 95%; height: 20px;" type="text"/>
Signature	<input style="width: 95%; height: 40px;" type="text"/>		
Date	<input style="width: 150px; height: 20px;" type="text"/>		

¹ State and Territory government staff are required to abide by the relevant privacy and confidentiality legislation, policies and principles prior to releasing any customer information. Express consent is required to release this information. The declaration at Section 2 of the TILA Referral Assessment Form provides the applicant the opportunity to give their written consent for child protection authorities to release the relevant information to verify their circumstances in regard to their TILA claim.

² For information on TILA go to the DEEWR website at <http://www.deewr.gov.au/tila>.



Transition to Independent Living Allowance (TILA)

Centrelink Verification Form

This form is for the use of Centrelink staff to verify the income support status of customers claiming the Transition to Independent Living Allowance (TILA).¹ This information is required to verify the circumstances of young people claiming TILA under the criteria of Informal Care or Indigenous Kinship Care.²

1 Customer's name	<input type="text"/>		
2 Customer's date of birth	<input type="text"/>		
3 Customer Reference Number (optional)	<input type="text"/>		
4 What is the customer's payment type? If NONE Go to question 5	Youth Allowance	<input type="checkbox"/>	
	Disability Support Pension	<input type="checkbox"/>	
	ABSTUDY	<input type="checkbox"/>	
	Special Benefit	<input type="checkbox"/>	
	None of these payments	<input type="checkbox"/>	▷ Go to question 5
5 What is the customer's current payment status? If NONE Go to question 6	Homeless —Extreme family breakdown	<input type="checkbox"/>	Independent —In supported state care <input type="checkbox"/>
		<input type="checkbox"/>	Independent —In unsupported state care <input type="checkbox"/>
	Homeless —Serious risk	<input type="checkbox"/>	Independent —Orphan <input type="checkbox"/>
	Homeless —Other exceptional circumstances	<input type="checkbox"/>	Independent —Refugee without parents in Australia <input type="checkbox"/>
			Independent —Parents unable to provide a home <input type="checkbox"/>
	Other payment status		▷ Go to question 6

6 Please list all of customers PREVIOUS payments including current payment

Centrelink staff details

Name	<input type="text"/>	Position	<input type="text"/>
Logon ID	<input type="text"/>	Location	<input type="text"/>
Signature	<input type="text"/>	Contact phone number	<input type="text"/>
Date	<input type="text"/>		

¹ Centrelink staff are required to abide by the relevant privacy and confidentiality legislation, policies and principles prior to releasing any customer information. Express consent is required to release this information. The declaration at Section 2 of the TILA Referral Assessment Form provides the applicant the opportunity to give their written consent for Centrelink to release the relevant information to verify their circumstances in regard to their TILA claim.

² For information on TILA go to the DEEWR website at <http://www.deewr.gov.au/tila>.

SOUTHERN YOUTH AND FAMILY SERVICES (ASSOCIATION INC.)



Youth Accommodation and Housing Services Youth Outreach Support Services Youth Out of Home Care Services
 Youth Health Services Youth Employment, Education and Training Services Family Support Services

faxforminvoiceTILA

TILA PAYMENT FORM

Name of Agency:		Contact person:
Postal Address:		
State:	Postcode:	ABN:
Phone:	Fax:	<i>SYFS Usage only – Approved by:</i>
Email:		<i>SYFS Usage only – Prepared by:</i>
Name of Client:		<i>SYFS Usage only – Entered: Batch number:</i>

Please tick one only

OPTION ONE

This agency has purchased the following items on behalf of our client and is seeking reimbursement from TILA. We understand copies of receipts must be forwarded before reimbursement occurs.

OPTION TWO (if selected must be completed)

Please make out cheques to the following suppliers for purchase of items as quoted. We undertake to provide receipts/ tax invoices as proof of purchase within 28 days of purchase.

1. Name of supplier:	ABN
Address:	Postcode
	Phone
Description of goods	\$
<i>Admin usage only- Cheque Number:</i>	<i>Date Paid:</i>
2. Name of supplier:	ABN
Address:	Postcode
	Phone
Description of goods	\$
<i>Admin usage only:</i>	<i>Date Paid:</i>
3. Name of supplier:	ABN
Address:	Postcode
	Phone
Description of goods	\$
<i>Admin usage only:</i>	<i>Date Paid:</i>

(Attach additional form if necessary but please try to limit the amount of suppliers used above ie: 3)

Total Amount Requested: \$ _____

MUST NOT EXCEED \$1,000 or \$1,500 if application was RECEIVED & APPROVED after 1/7/2009

- Quotes attached in client's name.**
- Receipts attached (in client's name where possible)**

Signed _____ Date _____

NB: Please copy this form and attach with any future application.

TILA (Transition to Independent Living Allowance) - **Phone:** 1300 761 961 (National) and 02 4225 7059 (Local) **Fax:** 02 4228 4613 **Email:** tila@syfs.org.au **Web:** www.tila.org.au

**467 Crown St, Wollongong NSW 2500
 PO Box 23, Wollongong NSW 2520**



Telephone: (02) 4228 1946 **Fax:** (02) 4226 6364
Web: www.syfs.org.au **Email:** nclay@syfs.org.au