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| Better Futures flexible funding form |
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For each question provide a response by entering details or by deleting pre entered text where required. Before completing this form, please refer to the Better Futures Flexible funding practice advice [Better Futures Flexible Funding Practice Advice](Better%20Futures%20Flexible%20Funding%20Practice%20Advice) <https://providers.dffh.vic.gov.au/better-futures>

# Person making the request

|  |  |
| --- | --- |
| Information required | Response |
| Name: |  |
| Organisation: |  |
| Contact number: |  |
| Email: |  |

## Better Futures worker details (indicate as above where applicable)

|  |  |
| --- | --- |
| Information required | Response |
| Name: |  |
| Organisation: |  |
| Contact number: |  |
| Email: |  |

## Better Futures flexible funding provider details (indicate as above where applicable)

|  |  |
| --- | --- |
| Information required | Response |
| Name: |  |
| Organisation: |  |
| Contact number: |  |
| Email: |  |

## Young person’s details

| Information required | Response – delete pre entered text if not applicable |
| --- | --- |
| Name: |  |
| CRIS/CRISSP number: |  |
| Contact number: |  |
| Email: |  |
| Address: |  |
| Date of birth: |  |
| Aboriginal and/or Torres Strait Islander: | Yes  No  Under assessment |
| Placement type: | Foster Care  Independent living  Kinship Care  Lead Tenant  Permanent Care  Residential Care  Other |
| Current accommodation type: | Kinship  Foster care  Homeless, no stable accommodation  Lead tenant  Living with family  Other  Private rental  Public housing  Residential care  Shared accommodation  Student accommodation  Permanent care |
| Check this box if the young person consented to this request | Yes  No |

# Reason for request

| Information required | Response – delete response not required |
| --- | --- |
| Reason for funding Request |  |
| What other funding sources have been explored? (i.e. Child Protection Client Expenses, Medicare, NDIS, COMPASS brokerage) |  |
| Has the young person expended their full Transition to Independent Living Allowance (TILA) entitlement ($1500)? | Yes  No |
| If TILA has not been fully expended, please explain why this expense cannot be met by TILA? |  |

# Young person’s goals

| Item/Service requested (brief) | Related goal | Related plan -  delete plan not required | Service Offer[[1]](#footnote-1) – delete service offer not required |
| --- | --- | --- | --- |
|  |  | 15+ Care and transition plan  Better Futures support plan  Targeted care plan  COMPASS plan | Housing & living skills  Health & wellbeing  Education & training  Employment  Community & cultural connections |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Flexible funding request

It is essential that quotes or links to relevant websites are provided to ensure timely response to the request.

| Item/Service requested | Amount including GST | Price excluding GST |
| --- | --- | --- |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
| Total funding requested | $ | $ |

# Better Futures office use only:

| Question | Response - delete response not required |
| --- | --- |
| Flexible funding request outcome: | Approved  Not approved  More information required  Request withdrawn  Request not considered – not eligible  Request partially approved |
| Decision date: |  |
| Approved by |  |
| Total amount approved (incl GST) | $ |
| Total amount approved (excl GST) | $ |
| Approved funding method: | Reimbursement to agency  Better Futures provider to purchase |
| Requestor advised of outcome date: |  |
| Comments: |  |

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1. Service offer not required for COMPASS. [↑](#footnote-ref-1)