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| Home Stretch application form |
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| OFFICIAL |

Child Protection practitioners / contracted case managers / Aboriginal Children in Aboriginal Care (ACAC) case managers are required to complete the **Home Stretch Application Form** in Client Relationship Information System (CRIS) for eligible young people in care, in consultation with Better Futures providers.

Better Futures providers are responsible for completing this form for eligible young people on permanent care orders. For more information refer to the Home Stretch eligibility, application and approval practice advice. This form can be found on [providers.dffh.vic.gov.au/home-stretch](https://providers.dffh.vic.gov.au/home-stretch) <https://providers.dffh.vic.gov.au/home-stretch>.

# Home Stretch application overview

## Home Stretch type

| Information required | **Mark one with an ‘X’** |
| --- | --- |
| Home-based care (includes foster care, kinship care and permanent care) |  |
| Independent living |  |

## Application details

| Information required | Response |
| --- | --- |
| Date of application |  |
| Better Futures provider |  |
| Better Futures worker |  |
| Home Stretch application completed by |  |

## Young person’s details

| Information required | Response – delete pre entered text if not applicable |
| --- | --- |
| Name |  |
| Address |  |
| Date of birth |  |
| Age |  |
| Contact number |  |
| CRIS number |  |
| Does the young person identify as Aboriginal and/or Torres Strait Islander? | Aboriginal and/or Torres Strait Islander  Neither Aboriginal or Torres Strait Islander |
| Country of birth |  |
| School attending | Yes  No |
| School name |  |
| Year level |  |
| Order type | Care by secretary order  Family reunification order  Long term care order  Permanent care order |
| Order expiry date |  |
| Current placement type | Foster Care  Kinship Care  Residential Care  Lead Tenant  Permanent Care  Other (specify in Additional supporting information section below) |
| Has the young person consented to this application? | Yes  No |

## Supporting information

| Information required | Response – delete pre entered text if not applicable |
| --- | --- |
| Is the kinship, foster or permanent carer eligible for continuation of the care allowance (in circumstances where the young person is completing year 12 or equivalent, beyond their 18th birthday)? | Yes  No |
| Has an application to continue the care allowance been submitted? | Yes  No |
| If the application to continue the care allowance been submitted, what was the outcome of the application? |  |
| If the application to continue the care allowance has not been submitted, please outline why not? |  |
| Is the young person currently in receipt of supports via a targeted care package? | Yes  No |
| What date is the targeted care package likely to cease? |  |
| Is the young person eligible for supports via the NDIS? | Yes  No  Under assessment; outcome pending |
| Are they currently in receipt of NDIS supports? | Yes  No |
| * If they are in receipt of NDIS supports, please outline current and planned supports (include any approved supports which will commence upon the young person turning 18 years of age). * If they are not in receipt of NDIS supports, please outline why not? |  |
| Has the young person demonstrated a willingness to engage with a Better Futures worker and work towards the achievement of goals for independence? | Yes  No |
| Has the carer agreed to the young person continuing to reside with them with Home Stretch support? | Yes  No |
| If the young person is currently in residential care, provide a brief description of the proposed post-care housing option. |  |

## Additional supporting information

|  |
| --- |
|  |

## Type of Home Stretch accommodation allowance request

**Mark one box with an ‘X’**

|  |  |
| --- | --- |
| Information required | Response |
| Home Stretch accommodation allowance to current carer after the young person’s order expires |  |
| Home Stretch accommodation allowance to support independent living arrangements |  |

## Attachment checklist

* Not applicable for young people on permanent care orders.
* Attachments not required if already shared with Better Futures providers

| Information required | Mark with an ‘X’ if attached |
| --- | --- |
| 15+ care and transition plan |  |
| Cultural plan |  |
| CRIS client profile |  |
| Other |  |
| If ‘other’ (please name) |  |

# Application endorsement

Note: Better Futures team leaders endorse the application for eligible young people on permanent care orders

|  | Team manager (CP or Better Futures team leader) | Better Futures worker |
| --- | --- | --- |
| Position |  |  |
| Name |  |  |
| Organisation |  |  |
| Contact email |  |  |
| Contact phone |  |  |
| Endorsed date |  |  |

# Departmental use only (not for applicant to complete)

| Information required | Response |
| --- | --- |
| Application received date |  |
| Decision date |  |

## Application outcome

| Information required | Mark one box with an ‘X’ |
| --- | --- |
| Approved |  |
| More information required |  |
| Not eligible |  |
| Not approved |  |

### Explanation if not approved

| Information required | Response |
| --- | --- |
| If not approved for allocation, why not? |  |

## Support type

|  |  |
| --- | --- |
| Information required | Mark one box with an ‘X’ |
| Home Stretch allowance (home-based care) |  |
| Home Stretch allowance (independent living) |  |

## Allocated Better Futures provider to deliver Home Stretch

|  |  |
| --- | --- |
| Information required | Response |
| Organisation name |  |
| Effective date (Home Stretch start date) |  |

## Application processed by

| Information required | Response |
| --- | --- |
| Name |  |
| Position |  |
| Date |  |

## Application approval

| Information required | Response |
| --- | --- |
| Approver name |  |
| Position |  |
| Date |  |
| Signature |  |

## Financial delegate approval

| Information required | Response |
| --- | --- |
| Financial delegate’s name |  |
| Position / title |  |
| Date |  |

To receive this form in another format email [childrenyouthfamilies@dffh.vic.gov.au](mailto:childrenyouthfamilies@dffh.vic.gov.au) <childrenyouthfamilies@dffh.vic.gov.au>

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