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| Home Stretch Independent Accommodation Proposal |
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| --- | --- | --- | --- |
| Young Person Name |  | Date of Birth |  |
| Gender |  | Age |  |
| CRIS Number |  | Current OoHC Placement Type |  |
| Case Manager Name |  | OoHC Provider |  |
| Child Protection Order Expiration Date |  | Child Protection Case Planner Name |  |
| Better Futures Provider |  | Better Futures Support Worker Name |  |
| Is there an up to date 15+ Care and Transition Plan for young person? If yes, please attach. | | | Yes/No |
| Is the young person eligible for NDIS Supports? If yes, please attach relevant documentation (for example, NDIS plan) | | | Yes/No |

## Proposal Overview

Overview of young person’s capabilities (add more rows as required):

|  |  |
| --- | --- |
| Strengths | Areas requiring further development |
|  |  |

|  |  |
| --- | --- |
| Aspirations | Areas requiring further development |
|  |  |

|  |  |
| --- | --- |
| Goals | Areas requiring further development |
|  |  |

|  |  |
| --- | --- |
| Achievements | Areas requiring further development |
|  |  |

**Key activities to be supported by Better Futures:**

|  |  |
| --- | --- |
| Strengths | Areas requiring further development |
|  |  |

|  |  |
| --- | --- |
| Aspirations | Areas requiring further development |
|  |  |

|  |  |
| --- | --- |
| Goals | Areas requiring further development |
|  |  |

|  |  |
| --- | --- |
| Achievements | Areas requiring further development |
|  |  |

## Proposal Details (costs excluding GST)

|  |  |  |  |
| --- | --- | --- | --- |
| Summary - Proposed Home Stretch Accommodation Option |  | | |
| Have other discretionary fund sources been explored (for example, TILA)? |  | | |
| Is this a shared accommodation arrangement? If yes, provide details |  | | |
| Address |  | | |
|  | **Monthly**  (not including young person contribution) | **Annual**  (not including young person contribution) | **Young person contribution** (indicatemonthly/annually) |
| Rental/Board Costs |  |  |  |
| Bond |  |  |  |
| Set up costs (household items) |  |  |  |
| Utilities |  |  |  |
| Other (include description in summary below) |  |  |  |
| Total |  |  |  |

|  |
| --- |
| Proposal Summary/Description |
|  |

## Proposal Endorsement

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  **Position\*:**  **Date:**  (\*DHHS Child Protection Practitioner/ACAC Practitioner or above) | **Endorsed?** | **Name:**  **Position\*:**  **Date**  (Better Futures Worker or above) | **Endorsed?** |

## Proposal Outcome (DHHS Use Only)

|  |  |
| --- | --- |
| **Proposal Outcome** | **<Outcome Decision>** |
| **Effective Date** |  |
| **Amount Approved** |  |
| **Approver** | **Name: Signature:**  **Position\*:**  **Date:**  (\*DHHS Child Protection Team Manager/ACAC Team Manager or above) |