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| Home Stretch change request form |
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Better Futures providers are responsible for completing this form for young people changing their Home Stretch home based care (HBC) or independent living (IL) arrangement. For more information refer to the Home Stretch change in circumstances practice advice, and Home Stretch change request form user guide. 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>.

# Young person’s details

| Information required | Response – delete pre entered text if not applicable |
| --- | --- |
| Name |  |
| Date of birth |  |
| Current age |  |
| Home Stretch type | Home based care  Independent living |
| Home Stretch approval date |  |
| Home Stretch end date | Enter date young person turns 21 |
| CRIS number |  |
| CRISSP number |  |
| Better Futures provider |  |
| Better Futures support worker |  |

# Home Stretch funding overview (allocated and expended in the current financial year)

| Home Stretch funding component | Allocated funding | Funding expended (Year to date) | Available funding (in current FY) |
| --- | --- | --- | --- |
| Flexible funding | $ | $ | $ |
| Accommodation allowance[[1]](#footnote-1) | $ | $ | $ |
| Total | $ | $ | $ |

# Section completion checklist

Depending on the selected changes complete the relevant sections and Mark with an ‘X’ when completed:

| Proposed Changes | Complete sections | Mark with an ‘X’ |
| --- | --- | --- |
| Moving from an approved Home Stretch IL arrangement to **new** IL arrangement | b) Home Stretch accommodation change; and  c) Accommodation allowance contribution change |  |
| Changing Home Stretch IL allowance contribution details and/or amounts | b) Accommodation Allowance contribution change |  |
| Moving to a new area or division and Home Stretch service response transferring to a **new** Better Futures provider | a) Transfer of Better Futures supports to a new provider; and  b) Home Stretch accommodation change; and  c) Accommodation Allowance contribution changes (if new living arrangement) |  |
| Moving from HBC to a **new** Independent Living arrangement | b) Home Stretch accommodation change; and  c) Accommodation allowance contributions change |  |
| Moving out of approved Home Stretch accommodation and HS service response not applicable at this time (put on **hold**) | b) Home Stretch accommodation change |  |

# Change request details

## Transfer of Better Futures supports to a new provider (if applicable)

|  |  |
| --- | --- |
| Information required | Response – delete pre entered text if not applicable |
| **Current** Better Futures support provider name |  |
| DFFH division | East division  North division  South division  West division |
| Local Area |  |
| **New** Better Futures support provider |  |
| DFFH division | East division  North division  South division  West division |
| Local area |  |
| Transfer date |  |
| CRISSP Better Futures referral completed | Yes  No  Pending |
| **New** Better Futures worker contact details |  |
| Better Futures provider |  |
| Better Futures worker |  |
| Home Stretch application completed by |  |

## b) Accommodation change (if applicable)

| Required Details | Response – delete pre entered text if not applicable |
| --- | --- |
| Is young person is moving out of approved carer home (HBC) | Yes  No  Not applicable |
| If relevant, enter date young person moved out/or moving out of carer home |  |
| Status of Care allowance help desk (CAHD) form/s |  |
| * Form B: to cease Home Stretch Allowance payment; or | Submitted to CAHD  Not yet submitted  Not applicable |
| * Form C: to change carer details and new Better Futures Home Stretch provider details (if carer has moved to a new address and Home Stretch is transferring to a new provider) | Submitted to CAHD  Not yet submitted  Not applicable |
| Note: if a young person is **no longer** residing in the Home Stretch HBC living arrangement – carer payments **must** be cancelled. The Better Futures provider **must** submit the **Form B Commence or Cease Home Stretch Allowance** to the care allowance helpdesk caregivers@health.vic.gov.au <caregivers@health.vic.gov.au> |  |
| **New** Home Stretch Accommodation Type (as per the proposed accommodation change) | Home Based care  Independent living  Home Stretch on hold |
| Accommodation Option (If Other is selected, provide details in Summary section) | Caravan/movable unit  HBC (via Home Stretch) – residential location changed  Living with extended family  Other (provide details)  Private rental  Private board  Public housing  Shared accommodation (not on lease)  Shared accommodation (on lease)  Student accommodation  Supported accommodation (disability)  Transitional Housing  Youth foyer accommodation |
| Does the new Home Stretch Accommodation meet program requirements?. | Yes  No |
| Summary of Home Stretch Accommodation changes: |  |
| Will change require a variation to current funding arrangements? | Yes: HS allowance **contributions changed**  Yes: Top up or **new** funding required to support new living arrangement  Yes: Funding to be **recouped** and re-allocated to new BF provider  Yes: HS service response **on hold** |
| Has the young person been consulted and consented to changes? | Yes  No |
| **New** Accommodation Address |  |
| Effective start date |  |

## c) Accommodation allowance contribution change – reflecting new or changes to previously approved arrangements (excluding GST)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Items | Monthly | Annual | Monthly | Annual |
| Contribution | Young person’s contribution | Young person’s contribution | Home Stretch contribution | Home Stretch contribution |
| Rental/board costs | $ | $ | $ | $ |
| Bond | $ | $ | $ | $ |
| Set up costs (include household items & furniture) | $ | $ | $ | $ |
| Removalist costs | $ | $ | $ | $ |
| Utilities | $ | $ | $ | $ |
| Other (include description in summary below) | $ | $ | $ | $ |
| Total | $ | $ | $ | $ |

### Review Details

Home Stretch contributions to be reviewed every six months

|  |  |
| --- | --- |
| Question | Response |
| Scheduled review date |  |
| Comments |  |

# 5. [Approval](#_Approver_details_(DFFH) checklist

| Proposed change | Response | If ‘Yes’ mark with an ‘X’ |
| --- | --- | --- |
| Does the change relate **only** to the young person moving from an approved independent living arrangement to a **new** accommodation arrangement? | If yes, **Better Futures program approval** required.  Accommodation allowance funding already allocated to Better Futures; **accommodation change/s to be reviewed** by Program Manager ensuring compliance with Home Stretch Program requirements. |  |
| Does the change relate only to **varying** the approved Home Stretch Accommodation Allowance contribution? | If yes, **Better Futures program approval** required  Accommodation allowance funding already allocated to Better Futures; Home Stretch **funding contribution change/s to be reviewed** by Program Manager - ensuring compliance with Home Stretch program requirements. Contributions are to be reviewed every six months to support a gradual reduction of Home Stretch contributions over time. |  |
| Does the change relate to the young person moving to a **new** **Area/Division** and/or a **new Better Futures provider**? | If yes, **DFFH divisional approval** required.  Pro-rata funding to be recouped from current Better Futures provider  Budget transfer to **new** Area/Division  Funding re-allocated to new Better Futures provider. |  |
| Does the change relate to young person moving from an approved Home Stretch **HBC** arrangement to **Independent Living**? | If yes, **DFFH divisional approval** required  Accommodation allowance funding will need to be transferred from Division to Better Futures  Casework support funding will need to reflect Independent Living rate. |  |
| Does the change relate to young person’s Home Stretch service response being put **on hold**? | If yes, **DFFH divisional approval** required  Home Stretch funding put on hold (subject to periodic review) |  |

# 6. Form completed by

| Question | Response |
| --- | --- |
| Proposal completed by name: |  |
| Position: |  |
| Contact details (email and contact number): |  |
| Date: |  |

# 7. Proposal outcome (approver use only)

| Question | Response – delete pre entered text if not applicable |
| --- | --- |
| New Home Stretch type (or current if no change) | Home Based care  Independent living  Home Stretch on hold |
| Better Futures provider name (to administer proposed changes): |  |
| Home Stretch funding variation type | Yes: HS allowance contributions changed  Yes: Top up or new funding required to support new living arrangement  Yes: Funding to be recouped and re-allocated to new BF provider  Yes: HS service response on hold |

If applicable - confirm NEW IL Home Stretch allowance contributions

|  |  |
| --- | --- |
| Question | Enter dollar value |
| Revised contributions monthly | $ |
| Revised contributions annual | $ |

If applicable, capture revised Home Stretch funding allocations (this section to be completed by DFFH only)

| Question | Response |
| --- | --- |
| Divisional budget transfer required? | Yes  No |

If Yes, DFFH to confirm budget transfer with Finance

## Revised Home Stretch funding allocation

| Question | Better Futures provider name | Home Stretch allowance (31292) | Home Stretch flexible funding (31292) | Home Stretch casework support (31290) |
| --- | --- | --- | --- | --- |
| Funding to be recouped from current Better Futures provider: |  | $ | $ | $ |
| New funding (or top up funding) to be allocated to Better Futures: |  | $ | $ | $ |
| Total approved funding to be processed (in SAMS): |  | $ | $ | $ |

## Change request outcome

* Funding arrangements will be in place whilst the young person is receiving a Home Stretch response in compliance with program requirements up until their 21st birthday. If young person’s circumstances change post order a new Change Request form must be completed and submitted for approval.
* Better Futures must document all Home Stretch Flexible Funding allocations in CRISSP Client Expenditures and record all approved expenditures in CRISSP.
* Better Futures must comply with Home Stretch acquittal reporting requirements. Unspent Home Stretch Accommodation Allowance and Home Stretch Flexible Funding will be recouped by the division.

| Question | Response - delete pre entered text if not applicable |
| --- | --- |
| Change request outcome: | Approved  More information required  Not approved |
| Effective date when new arrangement commences: |  |

### Name and title of person processing approval

|  |  |
| --- | --- |
| Question | Record name and title of person processing approval request – if different from approver |
| Processed by: |  |

### Approver details (DFFH divisional representative/or Better Futures program manager)

|  |  |
| --- | --- |
| Question | Response |
| Approver name (see [Approval checklist](#_5._Approval_checklist) to confirm authorised approver) | If same as details above. Note ‘As Above’ |
| Position (Approver title). |  |
| Signature: |  |
| Approval date: |  |

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1. HBC funding is held by the Division to cover carer payments. Available funding to support new IL accommodation is calculated from the date the young person moves out of the HBC living arrangement (as reported in the Form B Cease Home Stretch Allowance Form) to the end of the current financial year. [↑](#footnote-ref-1)