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| Supported Independent Living and Therapeutic Supported Independent Living Planning Tool |

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| This document has been developed to support caseworkers in their work with young people placed in, or preparing to leave supported independent living (SIL) or therapeutic supported independent living (TSIL) placements. It is provided as a guide only to ensure young people have the tools necessary to make a successful transition to adulthood, and are on track to transition to stable, long term and sustainable accommodation. The document should be completed periodically with the young person during their placement as well as 12 weeks prior to exiting SIL or TSIL. The agency with case management is responsible for completing this form.NB: This tool does not replace essential futures planning.  |

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| Date of Report | Click or tap to enter a date. |

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| Placement Duration | Click or tap to enter a date. | Click or tap to enter a date. |

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| Section 1:  | Young Person’s Details |

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| Young Person’s Details |
| Name | Click or tap here to enter text. | Preferred Name | Click or tap here to enter text. |
| Gender | Choose an item. | Pronoun | Choose an item. |
| Do they have an intersex status? [ ]  Yes [ ]  No |
| Date of Birth | Click or tap here to enter text. | Age  | Choose an item. | Choose an item. |
| ChildStory ID | Click or tap here to enter text. | Legal Status | Choose an item. |
| Cultural Background | [ ]  Aboriginal [ ]  Torres Strait Islander Click or tap here to enter text. | [ ]  Culturally and Linguistically DiverseClick or tap here to enter text. |
| Is there a Cultural Plan? [ ]  Yes [ ]  No [ ]  Not completed [ ]  N/A |
| Cultural Obligations Click or tap here to enter text. |
| Language/s spoken  | Click or tap here to enter text. | Is an interpreter required? [ ]  Yes [ ]  No |
| Religion | Click or tap here to enter text. |
| Current Address | Click or tap here to enter text. |
| Address post T/SIL | Click or tap here to enter text. |
| Futures Planning | Does the young person have a futures plan? [ ]  Yes [ ]  No Click or tap here to enter text.  |
| Has it been signed by the Principal Officer? [ ]  Yes [ ]  No |
| When was the last review? Click or tap to enter a date.  |
| When is the next review scheduled? Click or tap to enter a date. |

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| Section 2:  | Service Provider Details |

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| Service Provider Details |
| Service Provider | Choose an item. | Placement Type | Choose an item. |
| Placement Address (TSIL or SIL) | Click or tap here to enter text. |
| Caseworker  | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
| Manager | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
| Therapeutic Specialist (if TSIL) | Click or tap here to enter text. | Phone | Click or tap here to enter text. |

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| Section 3:  | Supports in place |

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| Health and Wellbeing  |
| Does the young person have their Medicare Card? [ ]  Yes [ ]  No  |
| Does the young person have a health care card? [ ]  Yes [ ]  No [ ]  N/A |
| If the young person has a health management plan, do they have a copy? [ ]  Yes [ ]  No **Click or tap here to enter text.** |
| Has a medical been arranged prior to exit? [ ]  Yes [ ]  No  |
| If the young person is prescribed medication do they have a 3 month supply? [ ]  N/A [ ]  Yes [ ]  No **Click or tap here to enter text.** |
| Has a dental examination been arranged prior to exit? [ ]  Yes [ ]  No **Click or tap here to enter text.** |
| Does the young person have a set of glasses? [ ]  N/A [ ]  Yes [ ]  No **Click or tap here to enter text.** Do they have a spare set? [ ]  Yes [ ]  No **Click or tap here to enter text.** |
| Does the young person have their glasses prescription? [ ]  Yes [ ]  No **Click or tap here to enter text.** |
| Has an eye examination been arranged prior to exit? [ ]  Yes [ ]  No **Click or tap here to enter text.** |
| Does the young person have a mental health care plan? [ ]  Yes [ ]  No  |
| Does the young person have a referral for counselling should they require it? [ ]  Yes [ ]  No  |
| Does the young person know about Headspace or Head to Health? [ ]  Yes [ ]  No |
| Does the young person have their medical and immunisation records, including their blue book? [ ]  Yes [ ]  No |
| If the young person has an NDIS plan do they have a copy? [ ]  Yes [ ]  No **Click or tap here to enter text.** |
| If the young person has a risk management plan do they have a copy? [ ]  Yes [ ]  No **Click or tap here to enter text.** |

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| Culture, Religion and Identity |
| Does the young person have a sense of identity, personal history, and family belongingness?[ ]  Yes Click or tap here to enter text. [ ]  No Click or tap here to enter text. |
| Is the young person connected with their culture, country and community? [ ]  Yes [ ]  No Click or tap here to enter text. |
| Is the young person actively engaged in developing their cultural support plan?[ ]  Yes Click or tap here to enter text. [ ]  No Click or tap here to enter text. [ ]  N/A |
| Does the young person have the contact details of relevant organisations to research or trace family? [ ]  Yes [ ]  No |
| Is the young person in contact with their family? [ ]  Yes Click or tap here to enter text. [ ]  No  |
| Is the young person connected to their religious community? [ ]  Yes Click or tap here to enter text. [ ]  No [ ]  N/A |
| Does the young person have an understanding of why they entered care? [ ]  Yes [ ]  No Click or tap here to enter text. |
| Does the young person know they can access their case file? [ ]  Yes [ ]  No  |
| Does the young person have a copy of their life story work? [ ]  Yes [ ]  No Click or tap here to enter text. |
| Has the young person accessed the RMS Safer Drivers Course (Disadvantaged Learner Initiative)? [ ]  Yes [ ]  No [ ]  N/A  |

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| Accommodation |
| Does the young person have long term, stable and sustainable accommodation secured prior to exiting your service? [ ]  Yes Click or tap here to enter text. [ ]  No Click or tap here to enter text. |
| Does the young person have access to a ‘stay put’ placement option with your agency?[ ]  Yes Click or tap here to enter text. [ ]  No |
| Will the young person access shared or independent housing? [ ]  Shared [ ]  Independent |
| What type of accommodation will the young person access? [ ]  Public [ ]  Private [ ]  Social [ ]  Aboriginal Housing Office [ ]  Community Housing [ ]  Other **Click or tap here to enter text.** |
| Will the young person sign a lease? [ ]  Yes [ ]  No |
| Will the young person return to family? [ ]  Yes [ ]  No |
| Will the young person have a fully stocked pantry and fridge? [ ]  Yes [ ]  No [ ]  N/A |
| Does the young person require household furniture, linen and white goods?[ ]  Yes Click or tap here to enter text. [ ]  No Click or tap here to enter text. |
| Has an application been made or the young person to access rental assistance? [ ]  Yes [ ]  No Click or tap here to enter text. |
| Has the young person accessed TILA? [ ]  Yes Click or tap here to enter text. No  |
| Has the young person accessed establishment costs as part of leaving care? [ ]  Yes [ ]  No |
| Does the young person have a reference from your organisation? [ ]  Yes [ ]  No  |

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| Independent Living Skills |
| Has the young person completed the Independent Living Skills – A checklist for young people in care? [ ]  Yes [ ]  No  |
| Has your agency assessed the young person’s independent living skills in the last 12 weeks? [ ]  Yes [ ]  No |
| Has the young person been connected to CREATE, Youth NSW, AbSec or Youth Action? [ ]  Yes [ ]  No |
| Has the young person downloaded the RESOLVE APP? [ ]  Yes [ ]  No |

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| Legal |
| Does the young person have a copy of their court order? [ ]  Yes [ ]  No Click or tap here to enter text. |
| Does the young person have their original birth certificate? [ ]  Yes [ ]  No Click or tap here to enter text. |
| Does the young person have a driver’s licence or are they in the process of obtaining one? [ ]  Yes [ ]  No [ ]  N/A |
| If the young person doesn’t have a licence do they have a NSW photo card? [ ]  Yes [ ]  No [ ]  N/A |
| Does the young person have any invested victim’s compensation? [ ]  Yes [ ]  No [ ]  N/A |
| Does the young person know how to access any invested victim’s compensation? [ ]  Yes [ ]  No [ ]  N/A |
| Does the young person have support from a Police liaison officer if there are legal matters pending? [ ]  Yes [ ]  No [ ]  N/A |
| Does the young person know how to access a Work and Development Order to clear any unpaid fines? [ ]  Yes [ ]  No [ ]  N/A |
| Has the young person enrolled to vote? [ ]  Yes [ ]  No [ ]  N/A |
| Does the young person have their school reports? [ ]  Yes [ ]  No Click or tap here to enter text. |
| Does the young person have their vocational certificates? [ ]  Yes [ ]  No Click or tap here to enter text. |
| Does the young person have a resume? [ ]  Yes [ ]  No Click or tap here to enter text. |

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| Financial |
| Does the young person have a tax file number? [ ]  Yes [ ]  No  |
| Does the young person have an active bank account? [ ]  Yes [ ]  No Click or tap here to enter text. |
| Does the young person have a debit card? [ ]  Yes [ ]  No |
| Does the young person have a youth allowance? [ ]  Yes [ ]  No Click or tap here to enter text. |
| Does the young person have a job? [ ]  Yes Click or tap here to enter text. [ ]  No Click or tap here to enter text. |
| Is the young person engaged in study? [ ]  Yes Click or tap here to enter text. [ ]  No Click or tap here to enter text.  |
| Does the young person know they can access financial support to study? [ ]  Yes [ ]  No |
| If the young person has any invested monies have they received financial planning advice?[ ]  Yes Click or tap here to enter text. [ ]  No Click or tap here to enter text. |

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| Section 4:  | Aftercare support |

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| Aftercare support |
| Is the young person aware that they can access support until the age of 25 years? [ ]  Yes[ ]  No Click or tap here to enter text. |
| What support will be provided to the young person after they leave your service? Click or tap here to enter text. |
| Does the young person have a copy of their futures plan? [ ]  Yes [ ]  No Click or tap here to enter text. |

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| Section 5:  | Person completing this report |

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| Service Provider  |
| Caseworker | Click or tap here to enter text. | Phone number | Click or tap here to enter text. |
| Therapeutic Specialist | Click or tap here to enter text. | Endorsed | Click or tap to enter a date. |

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| Section 6:  | Young Person’s Endorsement |

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| Young Person  |
| Name | Click or tap here to enter text. | Signature | Click or tap here to enter text. | Click or tap to enter a date. |