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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 Diverse  Click 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. |