Care leaver information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Young person** | **DOB** | **Culture** | **Legal status** | **Current living arrangements** |
|  |  |  | After care or PRM | e.g. Foster/relative carer, independent living, group home, supported accommodation |

Other parties

|  |  |  |
| --- | --- | --- |
| **Name**  | **Relationship** | **Nature of involvement**  |
|  | Must include parents, siblings and if the YP has their own c’ren in care | Comment on the current contact and involvement with YP. If parent/s siblings have no involvement, comment very briefly why. |

Out of home care summary

|  |  |
| --- | --- |
| **Issue**  | **Details**  |
| Date young person entered care and reason/s |  |
| Placement details | Comment on what type of placement this young person was placed in and who holds case management |
| Leaving care plan / after care  | In no more than 2-3 sentences, comment on the date of the LCP / financial plan approval; what the financial provisions are and to what $ value; what ongoing supports will be offered into the future incl. Premier’s Youth Initiative  |
| Financial support  | Comment on the TILA application or any other financial support outside of the LCP. |
| Legal issues  | Has a legal audit of this young person’s files been completed (incl. any potential claims for victim’s recognition payment)? If yes, provide the outcome. |
| Documentation  | Comment on whether the young person has their Medicare card and birth certificate. |

Approvals

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| --- | --- | --- |
| **Name**  | **Role**  | **Date of approval** |
|  | Executive District Director, District |  |
|  | Deputy Secretary, CPPDYJS |  |