



**Australian Government**  
**Department of Social Services**

**Transition to Independent Living Allowance (TILA) Application Form**

Privacy Notice for Claimant

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Social Services and the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the departments or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Social Services will manage your personal information, including the department's privacy policy at [dss.gov.au/privacy-policy](http://dss.gov.au/privacy-policy) or by requesting a copy from that department.

You can get more information about the way in which the Department of Human Services will manage your personal information, including the department's privacy policy at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or by requesting a copy from that department.

**Part 1 Claimant Details**

CRN

Title  First Name  Middle Name

Surname

Date of Birth   Male  Female  Indeterminate/Intersex/Unspecified

Home Address Line 1

Home Address Line 2

Suburb/Town  State  Postcode

Postal Address if different to Home Address

Postal Address Line 1

Postal Address Line 2

Suburb/Town  State  Postcode

The purpose of this form is to collect information about you to determine your eligibility for TILA. If you consent as requested below, this form will be completed by your caseworker and provided to the Department of Social Services and the Department of Human Services to process your TILA application. The departments and your caseworker may also need to discuss your information for this purpose.

While this consent is voluntary, if you do not consent the departments may not have sufficient information to determine your TILA application.

**I consent to my caseworker providing my personal and sensitive information to the Department of Social Services and the Department of Human Services as required to assess and administer TILA payments and services to me.**

**Claimant Signature**

## Part 2

## Caseworker Details

Name of Case Worker

Full Name of Agency/Support Service

Business Phone Number

Mobile Phone

Email Address

### I confirm that:

- this young person is an Australian citizen or a permanent Australian resident
- this young person is currently, or has been, the subject of a care and protection order that places them in the care and custody of someone who is not their parent
- this young person is accessing transition support through a program or agency
- a Transition Plan is in place for this young person
- this is an appropriate time and use of TILA to support the goals and activities of the young person's transition plan.

Caseworker Signature

## Part 3

## Young Person's Circumstances

Young Person's Country of Birth

Date the young person will or did exit formal care

What is the young person's current accommodation?

Renting – Private

Juvenile Justice Centre

Other (Specify)

Residential Care

Crisis/Medium Term Accommodation

Owns or Purchasing Accommodation

Foster Care/Community Placement

Community Housing

Caravan park

Boarding

Public Housing

What is the current employment status of the young person?

Not employed

Part Time Employment

Volunteering

Casual Employment

Full Time Employment

Unemployed/Looking for Work

What is the current education/training status of the young person?

Part Time Education and/or Training

Full Time Education and/or Training

Not Undertaking Any Education or Training

What is the young person's primary source of income?

Income Support payment from Centrelink

Income From Employment

Other (Specify)

No Income

Registered for Or Awaiting Benefits

Select the category of goods and/or services being purchased (select all that apply)

One-off Transport Expense

Food/Clothing

Training or Life Skills Course

Employment Support

Education or Training Support

Other (Specify)

Home Establishment

Bond Payment/Rent

Provide details of the types of goods and/or services being purchased.

Stage at which TILA payment is being used?

During transition from care    After transition from care    In Preparation for leaving care

Does the young person identify as being of Aboriginal or Torres Strait Islander descent?

Yes    No    Choose not to give information

Is the young person from a Culturally or Linguistically Diverse background?

Yes    No    Choose not to give information

Does the young person have a disability?

Yes    No    Choose not to give information

## **Part 4                  Payment Details**

Amount of TILA to be requested