In supporting your transition from being in care to living independently, it can be helpful for your Home Stretch WA provider to access records on your behalf. This form gives permission for your Transition Coach to find out what records the Department is holding, access copies of those records, and store a copy on file as needed.

Home Stretch providers will only seek copies of these documents as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Records | Young Person Holds Copy | Department Holds Copy | Home Stretch Requests Copy |
| Leaving Care Plan or Care Plan | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
| Cultural Plan  | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
| Who’s My Mob/Genogram  | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
| Centrelink- Letter to confirm Child in Care  | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
| Criminal Injuries Compensation Claim - Documentation | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
| NDIS Documentation - Support Plan & Details  | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
| Department of Housing Application  | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
| Health/Ambulance Insurance  | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
| Health Records & Providers (e.g. Dental, Mental Health) | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
| Education History | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
|  | Yes [ ]  No [ ]   | Yes [ ]  No [ ]   | Yes [ ]  No [ ]   |
|  | Yes [ ]  No [ ]   | Yes [ ]  No [ ]   | Yes [ ]  No [ ]   |
| **Has the young person been given their child history file containing all of these documents?** | Yes [ ]  No [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Identification Documents | Young Person Holds Copy | Department Holds Copy | Home Stretch Requests Copy |
| Birth Certificate | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
| Passport | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
| Citizenship Paperwork | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
| My Gov Account Access Details | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
| Learners Permit  | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
| Drivers Licence | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
|  | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
|  | Yes [ ]  No [ ]   | Yes ☐ No ☐  | Yes ☐ No ☐  |
| Tax File Number  | Yes [ ]  No [ ]   | TFN: |  |
| Bank Account Details | Yes [ ]  No [ ]   | BSB:Account: |  |
| Medicare  | Yes [ ]  No [ ]   | Number:Reference |  |
| Centrelink Customer Reference Number | Yes [ ]  No [ ]   | CRN: |  |

## Consent

I consent to my Home Stretch WA Transition Coach to obtain copies of the documents and records stored by the Department of Communities on my behalf whilst I am a client of my Home Stretch Provider.

I understand these documents will be stored by my Home Stretch Provider in a secure digital database, or secure physical location. These will only be accessible by my Transition Coach and the Home Stretch Team they are working within.

|  |  |
| --- | --- |
| Name of young person | Date |
| **Name of Transition Coach** | **Date** |
| **Name of Home Stretch WA Provider Agency** |
| **Name of Guardian/Administrator****(if required)** | **Date** |