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** |