

'Invest in Me' Funding Application



Note:

The form is for amounts over \$100 which requires Coordinator approval

Name		DOB	
Phone			
Email			
Transition Coach			

What are you requesting the funding for?

- Housing/accommodation
- Health - physical, emotional (including self-esteem), mental, sexual and dental
- Education and training, employment or other suitable activity
- Financial security
- Social relationships and support networks
- Life (and after care) skills
- Identity and culture
- Legal matters

Details:

Amount: \$

Date payment is required:

Is it urgent? If yes, why?

Yes No

Have you tried to source this money elsewhere? What else have you tried?

Alternate funding options/resources investigated	Outcomes/barriers

How does this funding help you with your future goals or plans?

Please tell us about your future goals, any planning you have done and how this money would help.

What happens if you don't get the money from Home Stretch?

Future planning - What strategies do you have to avoid similar future payments?

1.

2.

3.

4.

How much money can you contribute towards this request?

Signed by:

Young Person

Date



Transition Coach Notes and Recommendations:

Checklist

Does the young person have sufficient funds remaining?	Yes	No	N/A
Alternative funding options sourced	Yes	No	N/A
Future planning (in line with goals/demonstrated investment)	Yes	No	N/A
Future planning (demonstrated problem solving/plan to overcome)	Yes	No	N/A
Chipping in (demonstrated contribution to costs or investment)	Yes	No	N/A
Right to secure and visible safety net, accessible by right not discretion	Yes	No	N/A
Help to grow identity/connection to culture	Yes	No	N/A
Investing in young people & their aspirations	Yes	No	N/A

Fund:

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Fund type: Aspirational Emergency

Payment Type: Credit Card Invoice Other

Supporting Documents attached (evidence of planning/budget etc.)

Invest in Me Education & Training Application Form
Budget
Other planning/coaching tools

Signed by:

Transition Coach

Date

Young Person

Date



OFFICE USE ONLY: INVEST IN ME APPROVAL GUIDELINES

Home Stretch Coordinator to complete



What – Request Details

Fund:

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Aspirational Emergency

Why – Funding Criteria

Impact:	Yes	No	N/A
Funding Source:	Yes	No	N/A

How – Process for Developing Independence

Skills & Capacity explored: Yes No N/A

Outcome – Application Meets Criteria

Yes No N/A

Coordinator Notes:

Amount: \$ Payment Type: Credit Card Invoice Other

Coordinator Signature:

Approval Date: