# Home Stretch WA

## Interim Staying On Subsidy Application

Interim Staying On Subsidy Payment can be paid by the Department of Communities to family or foster carers who continue to support eligible young people who choose to stay on in a living arrangement after they reach 18 years.

Interim Staying On Agreements are only offered to young people living in regions where there is no available Home Stretch WA service, or where there is a waitlist for access to Home Stretch WA services.

As soon as a Home Stretch WA service becomes available, the young person and their carer (s) or family will be transitioned to a Staying On Agreement with their Home Stretch WA provider.

Interim Agreements can only be established for a maximum of 12 months.

This form must be completed in full and endorsed by the Home Stretch WA Provider and sent via email to the Home Stretch WA Service Team at [homestretchserviceteam@communities.wa.gov.au](mailto:homestretchserviceteam@communities.wa.gov.au).

Please allow up to two weeks for processing of the first Staying On Subsidy payment to the staying on carer. Back payment can only be requested to cover up to a 2-weeks of missed payments.

# Contact Details – Young Person

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **DOB** |  |
| **Assist ID** |  | | |
| **Address** |  | | |
| **Phone** |  | | |
| **District office** |  | | |
| **Communities case manager or other child protection worker** | **Name:**  **Email:**  **Phone:** | | |
| **Carer Type** | **Dept. of Communities - General Foster Carer**  **Dept. of Communities - Family/Significant Other Carer**  **Community Service Organisation - Foster Carer**  **Other -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

# Fortnightly Income and Expenses – Young Person (from budgeting activity)

|  |  |
| --- | --- |
| **Total Income** |  |
| **Total Expenses** |  |
| **Agreed contribution towards living costs** |  |

# Contact Details – Carer (1)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Assist ID** |  | | |
| **Address** |  | | |
| **Postcode** |  | **Phone** |  |
| **Email** |  | | |

# Contact Details – Carer (2) (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Assist ID** |  | | |
| **Address** |  | | |
| **Postcode** |  | **Phone** |  |
| **Email** |  | | |

# Bank Details – Carer (for receipt of the fortnightly payment)

|  |  |  |  |
| --- | --- | --- | --- |
| **Account Name:** |  | | |
| **BSB:** |  | **Account number:** |  |
| **Fortnightly subsidy amount ($) to be paid[[1]](#footnote-2)** |  | | |

# Subsidy Agreement

I/we declare the following:

|  |
| --- |
| I/we understand the conditions of maintaining payment of the Staying On Subsidy and agree to participate in meetings with the Home Stretch WA Provider. |
| I/we will notify the Department of Communities through the Home Stretch WA Provider as soon as the young person leaves the care arrangement to avoid overpayment. Where a Home Stretch provider in not in place I/we will notify the Department of Communities directly. |
| I/we understand and agree to repay any overpayments made because of not advising the Home Stretch WA Provider and/or Department of Communities of changes that may affect the payment and/or not complying with requirements of the Interim Staying On agreement. |
| I/we understand that the Interim Staying On Agreement and Subsidy is a temporary arrangement and I/we agree to transition to being supported by a Home Stretch WA service provider as soon as a place becomes available in the region |
| I/we understand that the Staying On arrangement is voluntary and I/we can end the arrangement at any time by notifying the Home Stretch WA Provider and Department of Communities. |

|  |  |
| --- | --- |
| **Date Interim Agreement Commences** |  |
| **Date Interim Agreement Ends (12 month max)** |  |

Carer 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name)

Carer 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name)

# Home Stretch WA Provider Approval

|  |  |
| --- | --- |
| **Application Type** | **New Interim Agreement o**  **Extension of Interim Agreement o** |
| **Documents Attached** | **Staying On Agreement**  **Staying On Review** |
| **Home Stretch WA Provider** |  |
| **Home Stretch WA Staying On Facilitator** | **Name:**  **Email:**  **Phone:** |
| **Date Approved** |  |
| **Signature** |  |
| **Date forwarded to Home Stretch WA Service Team** |  |

**Email completed application to the Home Stretch WA Service Team** – [homestretchserviceteam@communities.wa.gov.au](mailto:homestretchserviceteam@communities.wa.gov.au)

# District Approval

Where there is not a Home Stretch WA Provider commissioned in the region, the application may be completed by the District Office.

|  |  |
| --- | --- |
| **District Office** |  |
| **Child Protection Worker** | **Name:**  **Phone:** |
| **Application Approved**  **(District Director or Assistant District Director)** | **Name:**  **Position:** |
| **Date Approved** |  |
| **Signature** |  |
| **Date forwarded to Home Stretch Service Team** |  |

**Email completed application to the Home Stretch Service Team** – [homestretchserviceteam@communities.wa.gov.au](mailto:homestretchserviceteam@communities.wa.gov.au)

**Office use only**

**To be completed by the Home Stretch Service Team**

|  |  |
| --- | --- |
| **Date application received** |  |
| **Date approved** |  |
| **Date application sent to Subsidies Processing Team** |  |
| **Signature** |  |

|  |  |
| --- | --- |
| **Approved Fortnightly Payment Rate** |  |
| **Approved Date for Payments to Commence (incl back pay)** |  |

1. As of 1 July 2022, the first-year payment amount is $450.00 per fortnight. In year two, the rate will reduce to $337.50 per fortnight and in year three it reduces to $225.00 per fortnight. [↑](#footnote-ref-2)