

'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

Alternative funding options sourced	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Future planning (in line with goals/demonstrated investment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Future planning (demonstrated problem solving/plan to overcome)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Chipping in (demonstrated contribution to costs or investment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Right to secure and visible safety net, accessible by right not discretion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Help to grow identity/connection to culture	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Investing in young people & their aspirations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

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- Refer to Coordinators Invest In Me Decision Matrix Tool & Invest in Me Funding Policy Guidelines

What - Request Details

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Aspirational Emergency

Why - Funding Criteria

Impact: Yes No N/A

Funding Source explored: Yes No N/A

How - Process for Developing Independence

Skills & Capacity development 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:

