

# Consent to Obtain & Store Records



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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cultural Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who's My Mob/Genogram	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Centrelink- Letter to confirm Child in Care	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Criminal Injuries Compensation Claim - Documentation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
NDIS Documentation - Support Plan & Details	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Department of Housing Application	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Health/Ambulance Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Health Records & Providers (e.g. Dental, Mental Health)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Education History	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Has the young person been given their child history file containing all of these documents?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Identification Documents	Young Person Holds Copy	Department Holds Copy	Home Stretch Requests Copy
Birth Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Passport	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Citizenship Paperwork	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
My Gov Account Access Details	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Learners Permit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Drivers Licence	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tax File Number	Yes <input type="checkbox"/> No <input type="checkbox"/>	TFN:	
Bank Account Details	Yes <input type="checkbox"/> No <input type="checkbox"/>	BSB: Account:	
Medicare	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number: Reference	
Centrelink Customer Reference Number	Yes <input type="checkbox"/> No <input type="checkbox"/>	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.

<b>Name of young person</b>	<b>Date</b>
<b>Name of Transition Coach</b>	<b>Date</b>
<b>Name of Home Stretch WA Provider Agency</b>	
<b>Name of Guardian/Administrator (if required)</b>	<b>Date</b>