**Staying On – Combined Review and**

**Subsidy Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | | **Review Date:** |
| Year 2 | Year 3 | Other: | |
| What has worked well over the length of the Staying On Agreement?  What are the good things that have happened as a result of Staying On? | | | |
|  | | | |
| What have been the challenges to living together? Are there any barriers to overcome? | | | |
|  | | | |
| Finances - How has the young person contributed to expenses? Is the young person ready to increase their contribution for the next Staying On Agreement period? | | | |
| **Has the young person completed a budget?**  **How much more can the young person contribute to the next agreement?**    **How much is the Staying On Subsidy?** | | | |
| **The subsidy is staged down every year and formally reviewed every 12 months** (Refer to the Staying On guide for young people and carers for subsidy amounts)   * As per the Staying On Agreement principles, the young person is encouraged to contribute more to the household each year as a result of the subsidy decrease, to help the young person prepare for the costs of independent living. * The young person should have their own independent income to contribute to household costs (board, bills, food etc.)   The Transition Coach can have a conversation with the young person to help this happen.  A budget and housing pathway plan can be completed prior to each 12 month review*.* | | | |
| What is the housing pathway plan? How does Staying On in this arrangement help  achieve that? | | | |
|  | | | |
| Actions/Notes | | | |
|  | | | |



|  |  |
| --- | --- |
| Young Adult & Carer/s Signatures | Date |
| Name:  Signature: |  |
| Name:  Signature: |  |
| Name:  Signature: |  |

**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 review 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. |
| 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 Staying On arrangements. |
| 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 the Department of Communities |
| I/we understand that the Staying On arrangement must be a choice made by the young person we are supporting, and they can end the arrangement at any time by notifying the Home Stretch WA Provider and the Department of Communities |

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

(Name)

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

(Name)

|  |  |
| --- | --- |
| **Fortnightly subsidy amount ($) to be paid[[1]](#footnote-2)** |  |
| **Date This Agreement Commences** |  |
| **Date Agreement Ends (12-month max)** |  |
| **Review Date (min 6-weeks before end date)** |  |

***Note a three-week lead time is required to process the request and commencement of the Staying On payment***

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

**Home Stretch WA Provider Approval**

|  |  |
| --- | --- |
| **Documents Attached** | **Staying On Review  Carer Change of Details** |
| **Home Stretch WA Provider** |  |
| **Home Stretch WA Transition Coach** | **Name:**  **Email:** |
| **Home Stretch WA Staying On Facilitator** | **Name: Phone:**  **Email:** |
| **Date Approved By Provider** | **Email completed application to the Home Stretch WA Service Team** – [homestretchserviceteam@communities.wa.gov.au](mailto:homestretchserviceteam@communities.wa.gov.au) |
| **Requested Payment Commencement Date** |  |

**Office use only**

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

|  |  |
| --- | --- |
| **Date application received** |  |
| **Date approved** |  |
| **Date application sent to Subsidies Processing Team** |  |
| **Application Processed and Approved by** |  |

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

**Updated Contact Details – Young Person (if applicable)**

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

**Updated Contact Details – Carer (1) (if applicable)**

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

**Updated Contact Details – Carer (2) (if applicable)**

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

**Updated Bank Details – Carer (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Account Name:** |  | | |
| **BSB:** |  | **Account number:** |  |

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. Year 1 is calculated to start from the date of first payment of a Staying On or Housing Allowance Payment. [↑](#footnote-ref-2)