

Australian Government

Department of Social Services

Transition to Independent Living Allowance (TILA) Application Form

Privacy Notice for Claimant Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Social Services and Services Australia for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the departments or given to other parties for the purposes of research, investigation or where you have agreed or it is required by law.

You can get more information about the way in which the Department of Social Services will manage your personal information, including the department's privacy policy at dss.gov.au/privacy-policy or by requesting a copy from that department.

You can get more information about the way in which Services Australia will manage your personal information, including the department's privacy policy at www.servicesaustralia.gov.au/privacy or by requesting a copy from that department.

CRN							
Title			First Name			Middle Name	
Surname							
Date of Birth	of Birth		Male	Femal	е		nate/Intersex/Unspecified
Home address Line 1							
Home address Line 2							
Suburb/Town			State	Select		Postcode	
Postal Address if different to Home Address							
Postal Address Line 1							
Postal Address Line 2							
Suburb/Town			State	Select		Postcode	

Part 1 Claimant Details

The purpose of this form is to collect information about you to determine your eligibility for TILA. If you consent as requested below, this form will be completed by your caseworker and provided to the Department of Social Services and Services Australia to process your TILA Application. The departments and your caseworker may also need to discuss your information for this purpose.

While this consent is voluntary, if you do not consent the departments may not have sufficient information to determine your TILA Application.

I consent to my caseworker providing my personal and sensitive information to the Department of Social Services and Services Australia as required to assess and administer TILA payments and services to me.



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Part 1 Claimant Details

Claimant Signature	

Part 2 Caseworker Details

Name of Case Worker				
Full Name of Agency/Support Service				
Business Phone Number		Mobile Phone		
Email Address				

I confirm that:

- this young person is an Australian citizen or permanent Australian resident
- ---- this young person is currently, or has been, the subject of a care and protection order that places them in the care and custody of someone who is not their parent
- this young person is accessing transition support through a program or agency
- a Transition Plan is in place for this young person
- this is an appropriate time and use of TILA to support the goals and activities of the young person's transition plan.

Caseworker Signature

Part 3 Young Person's Circumstances

Young Person's Country of Birth					
Date the young person will or did exit forma		formal ca	re		
What is the young person's current accommodation?					
	Renting – Private		Juvenile Justice Centre		Other (Specify)
	Residential Care		Crisis/Medium Term Accommodation		
	Owns or Purchasing Accommodation		Foster Care/Community Placement		
	Community Housing		Caravan Park		
	Boarding		Public Housing		

What is the current employment status of the young person?



Part 3 Young Person's Circumstances					
Not employed Part Time Employment Volunteering					
Casual Employment Full Time Employment Unemployed/Looking for Work					
What is the current education/training status of the young person?					
Part Time Education and/or Training Full Time Education and/or Training					
Not Undertaking Any Education or Training					
What is the young person's primary source of income?					
Income Support payment Income from Employment Other (Specify) from Centrelink					
No Income Registered for or Awaiting Benefits					
Select the category of goods and/or services being purchased (select all that apply)					
One-off Transport Expense Food/Clothing Training or Life Skills Course					
Employment Support Education or Training Other (Specify)					
Home establishment Bond Payment/Rent					
Provide details of the types of goods and/or services being purchased.					
Stage at which TILA payment is being used?					
During transition from care After transition from care In preparation for leaving care					
Does the young person identify as being of Aboriginal or Torres Strait Islander descent?					
Yes No Choose not to give information					
Is the young person from a Culturally or Linguistically Diverse background?					
Yes No Choose not to give information					
Does the young person have a disability?					
Yes No Choose not to give information					
Part 4 Payment Details					
Amount of TILA to be requested					