**Supported Independent Living (SIL) and Therapeutic Supported Independent Living (TSIL)**

Exit Form

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| **Supported Independent Living and Therapeutic Supported Independent Living** |
| **Purpose**  This exit form is required to be completed for ***all*** young people/adults exiting SIL/TSIL.  This form provides confirmation that the young person/adult has been provided with the information they need as they transition from SIL/TSIL to independence, including other accommodation options and independent living allowance entitlements. It will also provide DCJ with data around exit outcomes  Instructions:  Complete all sections of this form, upload to ChildStory and notify your local Child and Family District Unit (for SIL), Central Access Unit (for TSIL) and contract manager within five (5) days of the young person/adult transitioning from SIL/TSIL. |

# **Section 1: Young person/adult and placement details**

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| **Young Person/Adult’s Details** |

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| --- | --- | --- | --- |
| Name | Click or tap here to enter text. | Preferred Name | Click or tap here to enter text. |
| Date of Birth | Click or tap to enter a date. | ChildStory ID | Click or tap here to enter text. |
| Address (where they will live after transitioning from SIL/TSIL) | Click or tap here to enter text. | | |

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| **Service Provider Details** |

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| --- | --- | --- | --- | --- | --- |
| Service Provider |  | Placement Type |  | Contact details |  |

# **Section 2 – Transition (exit) from SIL and TSIL**

To be completed for all young people/young adults transitioning from SIL/TSIL to independence.

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| **Transition from SIL and TSIL** | |
| Exit date | Click or tap to enter a date. |
| Is the young person/adult exiting your service into accommodation that is long term, stable and sustainable?  Yes **Click or tap here to enter text.**  No **Click or tap here to enter text.**  If No, please provide further information about what is happening for them | |
| Is the young person/adult accessing a ‘stay put’ placement option where they take over the lease?  Yes **Click or tap here to enter text.**  No | |
| Will the young person/adult access shared or independent housing?  Shared  Independent.  **Click or tap here to enter text.** | |
| What type of accommodation is the young person/adult accessing after leaving SIL/TSIL?  Public Private Aboriginal Housing Office Community Housing  Youth Initiative  Foyer Program Student Accommodation  Other **Click or tap here to enter text.** | |
| Has a referral to Homes NSW been completed to allow young person/adult to access Housing initiatives?  Yes  No Click or tap here to enter | |
| Level of education completed.  Click or tap here to enter text. | |
| Is the young person engaged in further education/ and or training?  ☐Yes ☐ No  Please provide details: | |
| Is the young person receiving an income?  ☐ Government allowance ☐ Employment ☐ Both | |
| If appropriate, has an application been made for a Guardian/and or Financial Manager?  Yes  No  N/A  Date of application Click or tap to enter a date.  Outcome: Click or tap here to enter text. | |
| Is the young person pregnant or a parent?  ☐Yes ☐ No | |
| What support networks does the young adult have in place?  family  friends  mentor  community/social group  Other:  Click or tap here to enter text. | |
| Confirm you have:   * assisted the young person to apply for the Your Choice Your Future Independent Living Allowance or provided information to the young adult on how to apply * recently reviewed/ updated the After Care Case and Financial Plan and provided the young person/adult with copies * provided contact details for who the young person/adult can contact to access supports within their plan and the DCJ Care Leavers line number * informed the young adult that they can access after care support up until the age of 25 years * provided information about local support services and how to access these after leaving your service i.e. [*AskIzzy*](https://askizzy.org.au/) *and* [*Resolve app*](https://www.facs.nsw.gov.au/reforms/children-families/resolve-app), local universal services, specialist after care services and community services? * ensured the young person knows how to independently access health services to support their physical, emotional and sexual health needs * assisted the young person to engage in employment, training/study, including apprenticeships or part time work   Please confirm the above items have been documented and recorded.  Yes  DCJ may request evidence of this occurring. Click or tap here to enter text. | |

## **Endorsed: Supported Independent Living or Therapeutic Supported Independent Living provider**

|  |  |  |  |
| --- | --- | --- | --- |
| Role | Comments | Name/Signature | Date |
| Caseworker |  |  |  |
| Therapeutic Specialist *(optional)* |  |  |  |
| Manager Casework/ Team Leader |  |  |  |
| Principal Officer/equivalent |  |  |  |

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## **Attach to ChildStory and advise local CFDU**

### **For Noting: Department of Communities and Justice**

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| --- | --- | --- | --- | --- |
| Role | | Comments | Signature | Date |
| Manager Client Services – CFDU | |  |  |  |
| Central Access Unit (for TSIL) | |  |  |  |
| Contract Manager | |  |  |  |
| Attach to ChildStory - CFDU | Click or tap to enter a date. | | | |