

## Transition to Independent Living Allowance (TILA)

TILA is a payment of up to \$1,500 per person to help young people and adults who are leaving, or have left, statutory out-of-home care, also known as ‘formal care’. The allowance is designed to help young people transition to independent living. TILA can be received as a single payment of \$1,500 or in up to six instalments (minimum \$250 per claim).

TILA is provided by the Australian Government Department of Social Services (DSS) and in NSW is administered by the Department of Communities and Justice (DCJ) Care Leavers Line.

### Eligibility

Caseworkers should verify the young person’s eligibility by confirming they are:

- an Australian citizen;
- aged from 15 to 25 years; and
- currently in, or has been in, formal care on a court order.

### Endorsing a TILA application

The caseworker must be satisfied the young person:

- meets the eligibility criteria;
- has an approved leaving care plan;
- has not already accessed their full TILA entitlement;
- will make appropriate use of the proposed amount of the TILA funds.

In NSW, apply using the **TILA payment form** and the **DSS application form** (4 pages in total).

### Help with filling in the DSS application form

#### Part 1: Claimant Details

- What is a CRN? This is a Customer Reference Number for Centrelink. If the claimant does not have a CRN, write ‘Nil’.
- Who signs in the Claimant Signature? The young person must sign the Claimant Signature consent at the end of Part 1, or legal guardian if they are unable to sign.

#### Part 2: Caseworker Details

- Caseworker details will be used by DCJ. These details will not be forwarded to DSS.
- The caseworker must sign the Caseworker Signature at the end of Part 2.

#### Part 3: Young Person’s Circumstances

- Check the young person’s exit date from formal care (include day, month and year).
- Select the appropriate categories and enter the details of the types of goods and/or services being purchased, in the space provided.

#### Part 4: Payment details

- Enter amount requested in whole dollars (round up), and also note if the claimant has previously received TILA funding.

NB: Keep a copy of the completed and signed application TILA form on file.

|  |   |
|--|---|
| Contact us   |   |
| Department of Communities and Justice (DCJ)<br>Care Leavers Line<br><a href="mailto:TILA@dcj.nsw.gov.au">TILA@dcj.nsw.gov.au</a> or 1800 994 686 | Department of Social Services (DSS)<br><a href="http://dss.gov.au/TILA">dss.gov.au/TILA</a><br><a href="mailto:TILA@dss.gov.au">TILA@dss.gov.au</a> |

# TILA payment form



## Submitting the application

Send this TILA payment form and the DSS application form to [TILA@dcj.nsw.gov.au](mailto:TILA@dcj.nsw.gov.au)

### 1. Young person's details:

|                     |  |
|---------------------|--|
| Young person's name |  |
|---------------------|--|

### 2. Caseworker details:

|                                 |  |  |  |
|---------------------------------|--|--|--|
| Caseworker name                 |  | <input type="checkbox"/> DCJ<br><input type="checkbox"/> NGO<br><input type="checkbox"/> Other |  |
| Manager name                    |  |  |  |
| CSC or Agency name              |  |  |  |
| Postal address<br>Prefer PO Box |  | Postcode   |  |

### 3. Supplier details: Select from the options below and complete the relevant details

**Option 1:** Pay the DCJ CSC or Agency by EFT (Reference field: TILA young person's name)

|               |  |                |        |
|---------------|--|----------------|--------|
| CSC or Agency |  | ABN            |        |
| Bank BSB      |  | Account Number | Amount |
| Reference     |  |                |        |

**Option 2:** Pay the Supplier(s) by EFT (Reference field: invoice number or supplier agreed reference)

|            |  |                |        |
|------------|--|----------------|--------|
| Supplier 1 |  | ABN            |        |
| Bank BSB   |  | Account Number | Amount |
| Reference  |  |                |        |

|            |  |                |        |
|------------|--|----------------|--------|
| Supplier 2 |  | ABN            |        |
| Bank BSB   |  | Account Number | Amount |
| Reference  |  |                |        |



## 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](http://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](http://www.servicesaustralia.gov.au/privacy) or by requesting a copy from that department.**

### Part 1 Claimant Details

|  |  |                               |                                 |   |  |
|--|--|-------------------------------|---------------------------------|---|--|
| CRN  |  |                               |                                 |   |  |
| Title                                      |  | First Name                    |                                 | Middle Name   |  |
| Surname                                    |  |                               |                                 |   |  |
| Date of Birth                              |  | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Indeterminate/Intersex/Unspecified |  |
| Home address Line 1                        |  |                               |                                 |   |  |
| Home address Line 2                        |  |                               |                                 |   |  |
| Suburb/Town                                |  | State                         |                                 | Postcode  |  |
| Postal Address if different to HomeAddress |  |                               |                                 |   |  |
| Postal Address Line 1                      |  |                               |                                 |   |  |
| Postal Address Line 2                      |  |                               |                                 |   |  |
| Suburb/Town                                |  | State                         |                                 | Postcode  |  |

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.**



**Part 1 Claimant Details**

**Claimant Signature**

|  |
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|  |
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**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**

|  |
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|  |
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**Part 3 Young Person's Circumstances**

Young Person's Country of Birth

|  |
|--|
|  |
|--|

Date the young person will or did exit formal care

|  |
|--|
|  |
|--|

What is the young person's current accommodation?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Renting – Private                | <input type="checkbox"/> Juvenile Justice Centre          | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Residential Care                 | <input type="checkbox"/> Crisis/Medium Term Accommodation |  |
| <input type="checkbox"/> Owns or Purchasing Accommodation | <input type="checkbox"/> Foster Care/Community Placement  |  |
| <input type="checkbox"/> Community Housing                | <input type="checkbox"/> Caravan Park                     |  |
| <input type="checkbox"/> Boarding                         | <input type="checkbox"/> 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 from Centrelink       Income from Employment       Other (Specify)  
 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 Support       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