# Home Stretch WA – Staying On Subsidy Application Form

This application is to approve the Staying On Subsidy payments to foster and family carers who will continue to support a young person staying on in the living arrangement after age 18 years. This includes funded community service organisation managed carers.

This form must be endorsed by a Home Stretch WA Provider and sent via email to the Home Stretch Service Team at homestretchserviceteam@communities.wa.gov.au

Please allow two weeks for processing of the first Staying On Subsidy payment to the staying on carer.

# Contact Details – Young Person

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **DOB** |  |
| **Assist ID** |  | | |
| **Address** |  | | |
| **Phone** |  | | |
| **District office** |  | | |
| **Communities Case Manager or other child protection worker** | **Name:**  **Email:**  **Phone:** | | |
| **Carer Type** | **Dept. of Communities - General Foster Carer**  **Dept. of Communities - Family/Significant Other Carer**  **Community Service Organisation - Foster Carer**  **Other -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

# Income and Expenses – Young Person (from completed budgeting activity)

|  |  |
| --- | --- |
|  | **Fortnightly** |
| **Current total income** |  |
| **Current total expenditure** |  |
| **Agreed contribution towards living costs** |  |
| **TOTAL** |  |

# Contact Details – Carer (1)

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

# Contact Details – Carer (2) (if applicable)

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

# Bank Details – Carer (for receipt of the fortnightly payment)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Account Name:** |  | | | |
| **BSB:** |  | **Account number:** | |  |
| **Fortnightly base subsidy amount ($) to be paid[[1]](#footnote-2)**  ***Note a two-week lead time is required to process the request and commencement of the payment*** | **Year of SO or HA Payment** | **Fortnightly Rate** | **Country Loading 10%** | **Country Loading 20%** |
| **Year 1** | **$463.50** | **$509.85** | **$556.20** |
| **Year 2** | **$347.63** | **$382.39** | **$417.15** |
| **Year 3** | **$231.75** | **$254.93** | **$278.10** |
| **Is the Living Arrangement Eligible for Country Loading Payment?** | **No**  **Plus 10% for Mid-West and Goldfields Regions**  **Plus 20% for Pilbara and Kimberley Regions** | | | |

# 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 |

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

(Name)

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

(Name)

**Office use only**

# Home Stretch WA Provider Approval

|  |  |
| --- | --- |
| **Application Type** | **New Application**  **Review** |
| **Documents Attached** | **Staying On Agreement**  **Staying On Review** |
| **Home Stretch WA Provider** |  |
| **Home Stretch WA Transition Coach** | **Name:**  **Email:**  **Phone:** |
| **Home Stretch WA Staying On Facilitator** | **Name:**  **Email:**  **Phone:** |
| **Date Approved** |  |
| **Signature** |  |
| **Date forwarded to Home Stretch WA Service Team** |  |

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

**Office use only**

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

|  |  |
| --- | --- |
| **Date application received** |  |
| **Date approved** |  |
| **Date confirmation email sent to Home Stretch WA Provider** |  |
| **Date application sent to Subsidies Processing Team** |  |
| **Signature** |  |
| **Staying On Subsidy Review Date** |  |

1. As of 1 July 2024, subsidy payment rates were increased to meet indexation, and country loading applied to some select regions. The loading is applied to the location of housing option. [↑](#footnote-ref-2)