

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 Southern Youth and Family Services (SYFS).

## 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 SYFS. 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.

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

## Contacts for more information

Agency	Contact	Website
Southern Youth and Family Services (SYFS)	<a href="mailto:tilansw@syfs.org.au">tilansw@syfs.org.au</a> or 1300 761 961	<a href="http://syfs.org.au">syfs.org.au</a>
Department of Social Services (DSS)	<a href="mailto:tila@dss.gov.au">tila@dss.gov.au</a>	<a href="http://dss.gov.au/tila">dss.gov.au/tila</a>
FACS Care Leavers Line	1800 994 686	<a href="http://facs.nsw.gov.au">facs.nsw.gov.au</a>



**TILA Payment Form**

**Submitting the application:**

Send this TILA Payment Form and the DSS application to [tilansw@syfs.org.au](mailto:tilansw@syfs.org.au) or fax (02) 4240 4891.

**1. Young person's details:**

Young person's name	
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**2. Caseworker details:**

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

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

**Option 1: Pay the agency or supplier by cheque**

Agency name		ABN		Amount	
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Supplier 1		ABN		Amount	
Address				Postcode	

Supplier 2		ABN		Amount	
Address				Postcode	

**Option 2: Pay the FACS CSC or Agency by EFT (Reference field: TILA young person's name)**

CSC or Agency		ABN	
Bank BSB	Account Number	Amount	
Reference			

**Option 3: 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 the Australian Government Department of Human Services 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 the Department of Human Services will manage your personal information, including the department's privacy policy at [humanservices.gov.au/privacy](http://humanservices.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	Select...	Postcode
Postal Address if different to Home Address				
Postal Address Line 1				
Postal Address Line 2				
Suburb/Town		State	Select...	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 the Department of Human Services 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 the Department of Human Services as required to assess and administer TILA payments and services to me.**



**Part 1 Claimant Details**

Claimant Signature

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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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**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