April 2021

### **Guardianship Financial Plan**

Name of child: Mary Smith-Jones

**ChildStory number:** 

Date:

N.B. The provision of financial support for guardians, including both allowances and guardianship support payments, is subject to legislative and policy changes. If legislative or policy changes are made that impact on this financial plan, DCJ will notify the guardian in writing.

Expenditure Type	Item and rationale	Cost	Duration of support to be provided (e.g. duration of order or time limited)
Guardianship Allowance Rate The guardianship allowance will be paid at the DCJ standard care allowance rate. Higher guardianship allowance +1 or +2 rates are available where a Special Needs Assessment recommends +1 or +2. Cultural/Life Story Work (include)	Standard guardianship allowance rate  des supporting family time)	\$557 per fortnight	Ongoing until Mary turns 18 years old
For cultural activities that assist in maintaining the identity and culture of a child or young person.  For the purchase of items to support life story work.  For assistance with travel and accommodation costs to attend family time (contact).	1.Aboriginal Cultural Camp  Support for Mary to attend one Aboriginal cultural camp per year until she is 15yrs, as approved in the attached Cultural Support Plan. DCJ can provide payment upon receipt of an invoice from the service.  Aboriginal Cultural Camps by Kids Inc. website indicates each camp costs \$600. This projects a total cost of \$600 x 6 years = \$3600.  Mary currently attends these and has expressed her intention to continue to attend these camps once per year until she is age 15yrs, she is currently 9 yrs.	\$3600	Payment until Mary turns 15 years of age



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	2. Travel to Country  Mary resides off Country and currently returns to visit twice per year, often spending time with extended family. Support will be provided for Mary to continue to visit her Country and community twice a year until she turns 18 years.  A quote for flights for Mary and one guardian/family member will be provided to DCJ prior to booking and payment being made by DCJ.  3. Family time (contact) Mary resides off Country, which is a significant distance from her birth parents. Support will be provided for Mary's birth parents to visit her at home twice a year until she turns 18.  A quote for flights and accommodation for birth mum and dad will be provided to DCJ prior to booking and payment being made by DCJ. Meals will also be covered for her parents during travel and vouchers will be given for this.	\$1600 x twice per year (1600) x 9 years = \$14,400.  \$1600 x twice per year (\$3200) for flights x 9 years = \$28,800  \$500 x twice per year (\$1,000) for accommodation x 9 years = \$9,000	Payment available for the duration of the order  Payment available for the duration of the order
Medical, Dental and Optical			
A guardian is required to meet expenditure for general medical costs and pharmaceutical costs via the guardianship allowance. Where approved in the case plan DCJ may pay for special dental, medical & optical aids.	1.Teeth extraction Mary's diagnosis (small jaw) is confirmed by Dr Peet, refer attached 23.01.2019 report. It is likely Mary will require teeth extraction for this condition within 5 years. Dr Peet provided an estimated treatment quote of up to \$9000.  Prior to Mary's treatment commencing an updated treatment plan and quote must be provided to DCJ. DCJ pays on invoice from the provider.	\$9,000	Payment available for the duration of the order

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p: 1300 956 416



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	2. Orthodontics (braces) Dr Peet confirmed (dental report attached) that Mary will require braces within 5 years and anticipates this cost as up to \$7000, inclusive of all follow-up appointments over a 2 year period once fitted.  A revised letter and quote from the treating Orthodontist must be provided to DCJ, prior to Mary's treatment commencing.	\$7000 (braces and follow-up appointments and adjustments in total)	Payment available for the duration of the order
Professional Therapy			
	eech and language, psychology/counselling, ph	nysiotherapy)	
Enquiries should be made	1.Professional counselling/therapy	Single session	Payment
with Medicare for any	Mary is likely to require future	\$120 gap	available for the
available rebates	counselling support to address her grief-	payment per	duration of the
	loss and early trauma experiences. This	fortnight x 12	order
Attempts should be made to	may be particularly valuable as she	months = \$2880	
access community health	approaches adolescence. All attempts will	per year.	
services in the first instance.	be made to access counselling services		
	through local Community Health and all	Allowing up to 3	
	sessions exhausted via a GP Mental	year period of	
	Health Plan prior to DCJ funding private	counselling =	
	counselling services.	\$8640 total	
	A quote from Mary's previous private		
	counsellor Dr Tina Schultz of All About		
	Families Psychological Services, estimates		
	fees per session as \$120.Mary has a		
	mental health plan which covers some of		
	the sessions, however Mary currently		
	sees Dr Schultz fortnightly and this is		
	expected to continue.		
	2. Physiotherapy		Payment
	Mary occasionally requires physiotherapy	\$9,000	available for the
	due to pain caused by slow muscle	75,000	duration of the
	growth. This is confirmed in the attached		order
	report of physiotherapist Dr Whately.		
	Mary visits this private physiotherapist		
	who specialises in slow growth and elite		
	sports. Each session costs \$250 as per		
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Expenditure Type	Item and rationale	Cost	Duration of support to be provided (e.g. duration of order or time limited)
	not eligible for NDIS support and is currently engaged with Dr Whately who anticipates Mary may need to have treatment once per month for a further 3 years, totalling \$9,000.		
Education			
From the allowance the Guardian will meet the costs of school uniforms, sports uniforms, writing materials, excursions and school camps, fees, text book hire.  Where DCJ has approved enrolment and/or payment of school fees for a child to attend a non-government school, include the cost of the	1.TEP Allowance  TEP Allowance for a period of 2 years at \$1500 per semester on receipt of evidence that Mary is still enrolled and attending school or further education and evidence that the guardians received Family Tax Benefit A from Centrelink to care for Mary and are thus eligible for TEP.	\$1500 per semester for a 2 years	Paid for a period of 4 semesters once Mary turns 16 years of age until she turns 18
RB: A copy of Executive District Director approval for non-government school fees must be attached to this plan.	2. Private tutoring Given Mary's early experience of neglect, it is anticipated that Mary will need private tutoring support to meet her educational needs. Mary's public school must be accessed for all educational support in the first instance and confirmation in writing that resources are not available will be required in order for DCJ to pay for private tutoring.  Payment can be made by DCJ on receipt	\$10,000 total over the duration of the order	Payment for the duration of the order
	of evidence from Mary's school that private tutoring is required and the public education system resources have been exhausted. Approval is required prior to commencement of the private service. Mary's school have estimated private tutoring will cost \$90 per session.  Support to purchase a Bring Your Own Device when Mary commences high school.	\$2000	One off payment when Mary commences high school

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Child must attend an approved Child Care Service (specify how many days per week).	Mary will attend after school care 3 days per week until she is 12 years old.  Currently each session is \$16 x 3 = \$48 per week. Support needs to reflect the gap between the current rate, and after any applicable commonwealth benefits the guardians are entitled to receive.	\$1800 total (\$600 per year x 3 years)	Payment until Mary turns 12 years of age
Total		\$ XXX, XXX	

Caseworker	
Name:	
Date:	Signature:
Manager Casework	
Name:	
Date:	Signature:
Manager Client Services	
Name:	
Date:	Signature:
Director Community Services	
Name:	
Date:	Signature:
Executive District Director	
Name:	
Date:	Signature:



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