FORM B: Request for ACA Extension

**NGOs complete and email this form to their** [**CFDU**](https://www.facs.nsw.gov.au/about/contact/CFDU)**, to obtain approval to   
extend an alternative care arrangement (ACA).**

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| **Child/young person’s details** | | | | | |
| Name |  | DOB/Age | Choose date /       yo | ChildStory # |  |

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| **Child/young person’s packaging** | | | | | | | |
| Case plan goal package | Choose an item | | Baseline package | Choose an item | | Child needs package | Choose an item |
| Specialist package | Cultural plan  CALD | 15+ years old reconnect  Leaving care | | | 4+ sibling placement option  Legal adoption | | |

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| **DCJ & NGO details** | |
| Name of case managing NGO |  |
| Key contact (name and details) from case managing NGO |  |
| DCJ CFDU / CAU |  |
| DCJ District / ITC Location |  |

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| **Initial Approval Information (Form A)** | | | |
| Commencement date[[1]](#footnote-1) | Choose date |  |  |
| NGO providing direct care to CYP *(Form A)* |  | Is this NGO an interstate provider? | Yes  No |
| Projected daily accommodation costs *(Form A)* | $ | Projected daily staff costs *(Form A)* | $ |
| Projected daily other costs *(Form A)* | $ | Total projected daily cost *(Form A)* | $ |
| Was Executive District Director approval given for this arrangement? | Yes  No | Date of Executive District Director approval | Choose date |
| Are there changes to projected daily costs? *If yes provide details below in the ‘Budget and Funding Schedule’.* | Yes  No | ACA approval expiry date | Choose date |

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| **Request for extension (1stextension)** | | | | | | | | |
| Period of ACA extension | Commencement date[[2]](#footnote-2) | Choose date | | Projected**[[3]](#footnote-3)** exit date | Choose date | | Days | Enter # |
| Rationale for extension |  | | | | | | | |
| Exit plan | Choose an item. | | Exit plan status | | | Choose an item. | | |
| Transition plan details[[4]](#footnote-4) |  | | | | | | | |
| Total ACA costs paid to date[[5]](#footnote-5)  *If actual costs are unknown, please provide an estimate* |  | | | | | | | |

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| **Information about the arrangement** | | | | | |
| Name of agency providing direct care to CYP |  | | | | |
| Accommodation type | Choose an item | Details | Enter text | | |
| Name of accommodation |  | | | | |
| Address of accommodation |  | | | | |
| How the ACA is/will be monitored? *Include details of formal and informal reviews (minimum weekly) for child and the arrangement.* | Review type | Choose an item | | Review frequency | Choose an item |
| Other review information |  | | | |
| Have the staffing arrangements changed since Form A?  *If yes, include details about changes to agency or staffing ratio and the rationale* | Yes  No | Details |  | | |
| What supports have been put in place to stabilise the arrangement? |  | | | | |
| Are there staff and step down arrangements in place? *Provide outline of step down plan.* | Yes  No | Details |  | | |

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| **Child Update** | | | |
| Summarise the child’s current needs and the ways in which the ACA is meeting these needs |  | | |
| Describe any changes to the child’s day-to-day functioning.  *Consider including* *information about changes to the child’s psychological or emotional wellbeing, criminal, risk-taking, self-harming or challenging behaviour.* |  | | |
| Is there a current case plan?  *If no, detail steps to ensure case plan is developed within timeframes. Please see ‘*[*Permanency Case Planning’*](https://www.facs.nsw.gov.au/families/permanency-support-program/permanency-case-management-policy/rules-and-practice-guidance/psp-pcmp-rules-and-practice-guidance/permanency-case-planning)*.* | Yes  No | Details |  |
| Has a Family Group Conference occurred? | Yes  No | Details |  |
| Has Family Finding occurred? What additional steps have been taken to explore all other placement options? | Yes  No | Details |  |
| Provide details of arrangements for family time with parents, siblings and family/kin. |  | | |
| Has an Aboriginal or Cultural consultation occurred about the ACA? *What are the cultural needs of the child? How are their cultural needs being met whilst in the ACA?* | Yes  No | Details |  |
| Is there a current Behaviour Support Plan? *If no, detail steps and timeframes on when the BSP will be developed.* | Yes  No | Details |  |

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| **Update to budget and funding schedule[[6]](#footnote-6)**  *Only to be completed if the ‘Projected Daily Costs’ in Form A have changed* | | | | | |
| **Total *accommodation* cost per day** | | | | $ | |
| Supervision ratio -  **choose a staff ratio** and cost of staff per days) | Mon-Fri | Choose an item | | $ | |
| Sat | Choose an item | | $ | |
| Sun | Choose an item | | $ | |
| Pub Hol | Choose an item | | $ | |
|  | Weekly staff cost | | $ | |
| **Total*****staff cost* per day** (weekly staff cost / 7 days) | | | | $ | |
| Other costs required to maintain the arrangement(itemised)  *Do not include items covered in the foster care baseline package e.g. food, recreation, dental, transport etc. Please see ‘*[*Overview of Foster Care Baseline Packages’*](https://www.facs.nsw.gov.au/download?file=648853) *for further information.* |  | | | $ | |
|  | | | $ | |
|  | | | $ | |
| Weekly other costs | | | $ | |
| **Total** ***other* costs** **per day** (weekly other cost / 7 days) | | | | $ | |
| *Less:* ***Foster Care baseline package*** [***daily rate***](https://www.facs.nsw.gov.au/download?file=819018) | | | | Choose an item. | |
| ***Total cost per day***, over & above the PSP standard package payments (*excluding* GST) | | | | $ | |
| *Add:* GST | | | | $ | |
| *Less:*payments already made by NGO through PSP package, based on cost/day | | | | $ | |
| ***Total cost per day funding request*** (*including* GST)[[7]](#footnote-7) | | | | $ | |
| ***Please ensure the revised cost per day, and total ACA expenditure, remain within the delegation of the Briefing Note’s approving officer[[8]](#footnote-8).*** | | | | | |

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| **Service provider signature**  *In submitting this form, and typing your name, you are acknowledging that the information above is accurate and consistent with your agency records.* | | | |
| Position | Approved | Name | Date |
| Service Provider’s Principal Officer | Choose an item |  | Choose date |

**To be completed by DCJ**

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| Position | Supported/Approved | Name | Date |
| CFDU Manager Client Services | Choose an item |  | Choose date |
| Director Community Services / Director Operations[[9]](#footnote-9) | Choose an item |  | Choose date |
| Executive District Director | Choose an item |  | Choose date |

**Additional Extension Requests**

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| **Request for extension (2nd extension)** | | | | | | | | |
| Period of ACA extension | Commencement date[[10]](#footnote-10) | Choose date | | Projected exit date3 | | Choose date | Days | Enter # |
| Rationale for extension |  | | | | | | | |
| Have the staffing arrangements changed since Form A?  *If yes, include details about changes to agency or staffing ratio and the rationale* | Yes  No | | Details | |  | | | |
| Exit plan | Choose an item. | | Exit plan status | | Choose an item. | | | |
| Transition plan details4 |  | | | | | | | |
| Total ACA costs paid to date5  *If actual costs are unknown, please provide an estimate* |  | | | | | | | |

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| **Service provider signature**  *In submitting this form, and typing your name, you are acknowledging that the information above is accurate and consistent with your agency records.* | | | |
| Position | Approved | Name | Date |
| Service Provider’s Principal Officer | Choose an item |  | Choose date |

**To be completed by DCJ**

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| Position | Supported/Approved | Name | Date |
| CFDU Manager Client Services | Choose an item |  | Choose date |
| Director Community Services / Director Operations8 | Choose an item |  | Choose date |
| Executive District Director | Choose an item |  | Choose date |

**Template for Additional Extension Requests**

Please use the below template when further extension requests are needed. Copy and paste the template into the ‘Additional Extension Requests’ section above (underneath the previous extension request), and clearly label the extension number in the title.

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| **Request for extension (XXX extension)** | | | | | | | |
| Period of ACA extension | Commencement date9 | Choose date | Projected exit date3 | | Choose date | Days | Enter # |
| Rationale for extension |  | | | | | | |
| Have the staffing arrangements changed since Form A?  *If yes, include details about changes to agency or staffing ratio and the rationale* | Yes  No | Details | |  | | | |
| Exit plan | Choose an item. | Exit plan status | | Choose an item. | | | |
| Transition plan details4 |  | | | | | | |
| Total ACA costs paid to date5  *If actual costs are unknown, please provide an estimate* |  | | | | | | |

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| **Service provider signature**  *In submitting this form, and typing your name, you are acknowledging that the information above is accurate and consistent with your agency records.* | | | |
| Position | Approved | Name | Date |
| Service Provider’s Principal Officer | Choose an item |  | Choose date |

**To be completed by DCJ**

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| Position | Supported/Approved | Name | Date |
| CFDU Manager Client Services | Choose an item |  | Choose date |
| Director Community Services / Director Operations10 | Choose an item |  | Choose date |
| Executive District Director | Choose an item |  | Choose date |

1. Commencement date of initial ACA. [↑](#footnote-ref-1)
2. Commencement date of period for extension (not commencement date of ACA). [↑](#footnote-ref-2)
3. The projected exit date should be within the next 28 days. [↑](#footnote-ref-3)
4. The transition plan should detail what is being done to transition the child from an ACA to a permanency outcome or foster care, relative/kin care, Intensive Therapeutic Care (ITC), Interim Care Model (ICM), or Short Term Emergency Placement (STEP). The transition plan should also include details about the re-application of CAT, placement needs assessment, placement broadcasts and referrals to Central Access Unit (CAU) and the Interim Care Referral Unit (ICRU) (if the child is eligible). The child should be directly involved in developing the transition plan. [↑](#footnote-ref-4)
5. The Deputy Secretary has the delegation to approve costs up to $499,999. The Secretary can approve costs in excess of $500,000. [↑](#footnote-ref-5)
6. Costs are subject to negation with the DCJ district. [↑](#footnote-ref-6)
7. This funding (if approved) supersedes the previous approved projected cost per day calculated in Form A. Prior to Briefing Note approval, total ACA invoices should be within Executive District Director (EDD) delegation ($249k). In circumstances where total costs exceed $249k, a Briefing Note is required prior to exceeding EDD delegation and invoices can only be paid following approval of the Briefing Note. [↑](#footnote-ref-7)
8. [↑](#footnote-ref-8)
9. The Deputy Secretary has the delegation to approve costs up to $499,999. The Secretary can approve costs in excess of $500,000. Subject to district operational procedures. To enable greater oversight, some districts include the Director Commissioning and Planning &/or Director Community Services/Director Operations in the approval process. [↑](#footnote-ref-9)
10. Commencement date of period for extension (not commencement date of ACA). [↑](#footnote-ref-10)