

Respite Application Form

Part A: Requirements

Please read **Part A** carefully before you proceed with the application and remember to contact FRMP should you require assistance / support.

- The young **person is aged 16 to 25 years old and is at risk of or is experiencing homelessness.**
- Funds or vouchers are available to assist with the living costs of a young person's short term respite with a carer (e.g. extended family members and or family friends), while family reunification is explored.
- It is the responsibility of the worker / agency to determine this placement to be an appropriate and safe accommodation option for the young person.
- **Vouchers can only go to carer/s who is supporting the young person**
- **Two respite applications per financial year (\$400 per application)**

What FRMP will not fund:

- Emergency accommodation
- Couch surfing
- Unsafe and inappropriate accommodation
- Respite support for families/carers experiencing financial hardship
- An application which does not provide a pathway to assist the young person to explore options for reconciliation or reconnection with significant others.

1 Has this young person accessed FRMP respite funding before?

☐ No

☐ Yes → when:

(Please note: two respite applications per financial year)

Part B: Details of support worker

2 Please fill in the details of support worker below

| | | |
|-----------------------|----------------|------------------|
| Organisation | | |
| Program | | |
| Name of Worker | | |
| Job Title | | |
| Office Phone / Mobile | | |
| Work Email | | |
| Work Address | Suburb: | Postcode: |

Part C: Details of young person

3 Name:

4 Date of birth:

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Day | Month | Year |

5 Age:

6 Gender: ☐ Male ☐ Female ☐ X

7 Current living arrangement: (who does this young person live with?)

- ☐ Immediate family
- ☐ Extended family
- ☐ Other group

8 Type of accommodation:

- | | |
|--|---|
| <input type="checkbox"/> Living at home | <input type="checkbox"/> Living with extended family or friends |
| <input type="checkbox"/> Emergency accommodation | <input type="checkbox"/> Public or community housing |
| <input type="checkbox"/> Transitional housing | <input type="checkbox"/> Boarding/rooming house |
| <input type="checkbox"/> Private rental | <input type="checkbox"/> Motor vehicle |
| <input type="checkbox"/> Rough sleeping | |

9 Length of homelessness:

- ☐ Currently residing at home but at risk of homelessness
- ☐ Up to 3 months
- ☐ 3 months to 1 year
- ☐ Over 1 year

10 Cultural identity:

- ☐ Australian
- ☐ Aboriginal/Torres Strait Islander
- ☐ CALD - Please state the culture the young person identifies with

Part D: Client Case Plan (compulsory)

Funding is allocated to assist young people to:

- Overcome barriers related to past and or present trauma
- Explore options for family reconciliation
- Reconnection with family, culture and community

Please provide details of how FRMP respite funding will support the young person's case plan for reconciliation, including any goals that identify longer term strategies.

| |
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Part F: Respite carer details

Funds (supermarket vouchers or an EFT) are available to assist with the living costs of a young person's short term respite with a carer (e.g. extended family members, and or family friends).

11 Carer details:

| | |
|---|---|
| Name | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X |
| Contact number | |
| Address | Suburb: Postcode: |
| Relationship to the young person | |

12 Please select preferred respite option:

- ☐ EFT
- ☐ Supermarket vouchers (please tick a box):
- ☐ Coles
 - ☐ Woolworths
 - ☐ Big W

Please fill in the Carer's bank account details below:

| | |
|-----------------------|--|
| Name of Bank | |
| Account Name | |
| BSB Number | |
| Account Number | |

FRMP brokerage for a respite application checklist (compulsory)

13 Please read and make sure you have fulfilled the criteria and understand your responsibilities:

- ☐ I have provided the relevant part of the case plan goals for this young person
- ☐ I will provide feedback at the end of the respite support period

Date:

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

Day Month Year

How to send the form

Please email this completed form to frmp@mcm.org.au with supporting documents.