

Application for Extension of Carer Payments

Unique identifier: ID
Effective from: Date

This form is for kinship carers/foster carers/guardians and young people (18 – 20 years old) who choose to remain living with their carer/guardian beyond their 18th birthday. **Young people NO LONGER need to be in education to apply for an extension of carer payments.**

Please use this form to apply for a continuation of carer/board payments until the young person's 21st birthday or the young person moves out of the carer's/guardian's residence (whichever is sooner).

SECTION A - Carer's details:

Full Name:	
Address:	
Email Address:	
Home/Mobile Number:	
Care Type:	

- ☐ I am the approved/formally approved primary carer of the young person (detailed in Section B).
- ☐ I agree to continue providing care and support to the young person (detailed in Section B) on a voluntary basis beyond their 18th birthday.
- ☐ I will notify After Care Support Services if the young person (detailed in Section B) moves out of my residence before their 21st birthday (PLEASE NOTE: Carer payments will be stopped when the young person is not living in your home. If the young person returns to your home at a later date and prior to their 21st birthday, then you can reapply for carer payments).
- ☐ I acknowledge that carer payments will commence from the date the application is received by After Care Support Services, or from the young person's 18th birthday, whichever is later.
- ☐ I acknowledge that staged step-down carer payments will be provided as per the table below:

AGE	CARER PAYMENT
18yrs	Existing carer/guardian payments will be maintained
19yrs	Payment will be reduced to the base rate for foster care
20yrs	Payment will be reduced to 50% of the base rate until young person's 21st birthday

Signed (Carer):..... Date:.....

SECTION B - Young person's details:

Full Name:	
Date of Birth:	
Email Address:	
Home/Mobile Number:	

- ☐ I agree to continue to live with my carer (detailed in Section A) on a voluntary basis beyond my 18th birthday.
- ☐ I will be living with my carer full-time (at least 4 nights per week).
- ☐ I will notify After Care Support Services if I no longer live at my carer's home.

Signed (young person):..... Date:.....

Please return to: After Care Support Services, PO Box 538, Hobart 7001 or
aftercaresupport@communities.tas.gov.au

Office use only:

Authorised by:	
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