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| Targeted Care Packages |
| New proposal |
| OFFICIAL |

This form should be completed by the community service organisation (CSO) for endorsement by the department. It is to be completed in all instances where an organisation is proposing a new package for a child / young person. This includes invited process proposals, new direct allocation proposals and package transfers. All fields are completed by the CSO.

For the end of the financial year acquittal a separate process applies. Please refer to the *Guide to end of financial year acquittal for C*SO [Policies and procedures (dffh.vic.gov.au)](https://fac.dffh.vic.gov.au/policies-and-procedures) <https://fac.dffh.vic.gov.au/policies-and-procedures>.

1. Submission type

| Submission | Details |
| --- | --- |
| **Type** |  |

1. Child / young person’s details

| Client demographics | Details |
| --- | --- |
| **Full name** | Enter full name |
| **CRIS Identifier** | Enter CRIS identifier |
| **Date of birth / age** | Enter date of birth and (age) |
| **Gender** | Enter gender |
| **Pronouns** |  |
| **Legal status and permanency objective** | Enter Child Protection legal status |
| **DFFH Area and Division** |  |
| **NDIS Status** | Enter comment |
| **Is the child / young person Aboriginal or Torres Strait Islander** |  |
| **If the proposed TCP provider is not an Aboriginal Community Controlled Organisation (ACCO), is a package transfer or partnership to an ACCO being considered?** |  |
| **Does the proposal reflect the child / young person’s cultural support plan?** | Enter explanation |

1. TCP details

| Proposed financials | Details |
| --- | --- |
| **Total TCP funding proposed (excl. GST)** | $Enter proposed funding amount |
| **Package start date** |  |
| **Package end date** |  |

1. Organisation details

| Proposed TCP organisation | Details |
| --- | --- |
| **Organisation name** | Enter full name of organisation |
| **Address** | Enter organisation address |
| **Phone contact** | Enter organisation phone number |
| **CYF registration type** | Enter organisations CYF registration type |

| TCP organisation: contact person | Details |
| --- | --- |
| **Full name** | Enter full name |
| **Position title** | Enter position title |
| **Phone contact** | Enter phone number |
| **Email address** | Enter email address |

| TCP organisation: Financial administrator | Details |
| --- | --- |
| **Full name** | Enter full name |
| **Position title** | Enter position title |
| **Phone contact** | Enter phone number |
| **Email address** | Enter email address |

| Partnership arrangements (where applicable) | Details |
| --- | --- |
| **Organisation name** | Enter full name of organisation |
| **Contact name** | Enter full name |
| **Phone contact** | Enter phone number |
| **Email address** | Enter email address |
| **Please outline the key aspects of the partnership and describe how the roles and responsibilities of each organisation will be managed effectively** | Enter description of partnership arrangement |

# Key worker

## Key worker details

| Key Worker | Details |
| --- | --- |
| **Full name** | Enter full name |
| **Position title** | Enter position title |
| **Phone contact** | Enter phone number |
| **Email address** | Enter email address |
| **What qualification, experience and skills does the key worker bring to the role?** | Enter key worker qualifications and skills |
| **Will the key worker also hold contracted case management?** | Yes  No  Enter rationale if selected 'No' |

## Key worker hours

The key worker hourly rates represent fully costed face to face direct care services. All salary on-costs (including administration) and non-wage items are included.

Direct service activities are defined as hours spent by the Key Worker providing casework to clients, including a range of service activities such as assessments, professional meetings, active engagement, and telephone consultation.

Please refer to the *Targeted Care Packages Program Manual (2022)*, and *Targeted care packages FAQ for providers – Key Worker Rates* [Policies and procedures (dffh.vic.gov.au)](https://fac.dffh.vic.gov.au/policies-and-procedures) <https://fac.dffh.vic.gov.au/policies-and-procedures>.

| Provide details on contact hours for the following activities | Details (hours per week) |
| --- | --- |
| **Face to face contact with the child / young person** | Enter face to face hours with child / YP |
| **Face to face contact with the carer** | Enter face to face hours with carer |
| **Face to face direct service activities\***  *(e.g., attendance at care team meetings, Student Support Group (SSG) meetings, professional meetings, and formal assessments)* | Enter face to face direct service activities |
| **Total Face to face Key Worker hours per week** | **Enter the total number of above hours** |
| **EFT (enter as calculated on funding schedule)** | Enter EFT |
| **Key Worker level** |  |

1. Placement type / living arrangement details

| Proposed placement type / living arrangement | Details |
| --- | --- |
| **Proposed placement type / living arrangement** |  |
| **Address** | Enter property address |
| **Local Government Area (LGA)** | Enter LGA |
| **Property type or housing model description**  ***For example: owned by carer, private rental, public housing, shared accommodation, transitional housing (THM), head lease – private rental etc*** | Enter property type |
| **Placement with siblings** | Enter description of sibling placement or enter 'Not applicable' |
| **List all adults and children in proposed household and their relationship to the child / young person** | Enter dot-point list of all household members and relationship |
| **Further information relating to the placement / living arrangement** | Enter additional relevant information |

| Transition plan: If this is a new placement / living arrangement, describe the entry transition plan. Include relevant timelines and required supports. |
| --- |
| Enter transition plan information |

1. Caregiver Information and allowance (where applicable)

Care allowance is assessed by TCP staff in consultation with CSOs based on the individual needs of each child of the placement and is regularly reviewed. Carer allowance is determined on the day to day costs of caring for a child or young person and should be considered in relation to the specific ongoing high cost care needs. In exceptional circumstances a “non-standard” care allowance rate for kinship care is possible. If applicable to this proposal, your rationale must outline the reasons for the requested level and why this is essential in enabling the success of the placement (in line with the *Care allowance adjustments – kinship policy).* For further information, please refer to the *Care allowances policy and procedures: foster care, kinship care, permanent care and special needs local adoption* on the [Support for home based carers in Victoria - DFFH Services](https://services.dffh.vic.gov.au/support-home-based-carers-victoria) <https://services.dffh.vic.gov.au/support-home-based-carers-victoria>.

| Primary carer (where applicable) | Details |
| --- | --- |
| **Full name** | Enter full name of primary carer |
| **Relationship to child / young person** | Enter relationship description |
| **Registration number (where applicable)** | Enter carer registration number |
| **Care allowance level sought for primary carer** |  |
| **Care allowance level rationale** | Enter rationale for proposed care allowance level |

| Respite carer (where applicable) | Details |
| --- | --- |
| **Full name** | Enter full name of respite carer |
| **Relationship to child / young person** | Enter relationship description |
| **Registration number (where applicable)** | Enter carer registration number |
| **Contact hours with child / young person (per month)** | Enter number of contact hours per month |

# Consultation process

Detail who has been consulted to inform the proposed package content and goals.

|  |  |
| --- | --- |
| Person (where applicable) | Consultation summary |
| **Child / young person** | Enter summary of consultation with the child / young person |
| **Carer** | Enter summary of consultation with the carer |
| **Family** | Enter summary of consultation with the family |
| **Child Protection / ACAC Practitioner** | Enter summary of consultation with Child Protection or ACAC Practitioner |
| **Care team members / professionals / presenter at invited process** | Enter summary of consultation with care team members or other professionals |

1. Funding requirements

Detail supports explored as identified through consultation

| Non-TCP funding and supports | Details |
| --- | --- |
| **Provide details of any non-TCP funded supports or resources that the child / young person will continue to receive in conjunction with the proposed TCP** | Enter support services and resources continuing |
| **Provide details of any additional non-TCP funded supports or resources that are intended to be accessed to support the child / young person** | Enter intended access for non-TCP support services and resources |

1. Goals and outcomes

This section describes goals and outcomes identified for the child / young person and how they will be supported through the package. The proposed goals and outcomes need to align with the children and young people in out-of-home care outcomes framework, which are described as primary purpose. Please refer to the *Targeted Care Packages Program Manual (2022)*  [Policies and procedures (dffh.vic.gov.au)](https://fac.dffh.vic.gov.au/policies-and-procedures) <https://fac.dffh.vic.gov.au/policies-and-procedures> for further information.

All TCP funding requested must align to an achievable goal.

| Primary purpose of goal | **Support component to achieve goal** | **Goal description** | **Goal plan** | **Funding source** |
| --- | --- | --- | --- | --- |
|  |  | Enter goal description | Enter goal plan |  |
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1. Documentation attached (tick all relevant)

| Document name | Tick all relevant |
| --- | --- |
| **Funding schedule** | Yes |
| **Fire Risk Management – Client Risk Assessment Form (where applicable)** | Yes |
| **Other – please specify in comments** | Enter name of additional documents attached |

1. Approval by Community Service Organisation

| Submission prepared by: | Signatory |
| --- | --- |
| **Full name** | **Enter full name** |
| **Position** | **Enter position title** |
| **Phone contact** | **Enter phone contact** |
| **Email address** | **Enter email address** |
| **Signature** | **Enter electronic signature** |
| **Date signed** | **Enter date signed** |

| Approved by (appropriate level delegate equivalent to operations director or above): | Signatory |
| --- | --- |
| **Full name** | **Enter full name** |
| **Position** | **Enter position title** |
| **Phone contact** | **Enter phone contact** |
| **Email address** | **Enter email address** |
| **Date** | **Enter electronic signature** |
| **Signature** | **Enter date signed** |

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