

centrelink

Statement by Young Person

When to use this form	 Use this form if you are receiving, or have claimed, Youth Allowance or ABSTUDY and you have applied as an independent person under the 'Unreasonable to live at home' guidelines. To meet these guidelines it must be unreasonable for you to live at home because: of extreme family breakdown (other than normal parent/adolescent conflict) of serious risk of your physical or mental health if you continue to live at home your parent(s) cannot provide a suitable home as they do not have stable accommodation. If you live away from home to undertake study, look for work or undertake your Australian Apprenticeship, you may be entitled to an 'away from home rate' instead.
What else you will need to provide	You will also need to provide a Youth Allowance or ABSTUDY 'Unreasonable to live at home' Statement by Parent(s)/Guardian(s) (SY016) form. If your parent(s) are separated, each parent may need to complete an SY016 form.
For more information	If you need help to fill in this form or you need more information about the questions, call us on 132 490 for Youth Allowance or 1800 132 317 for ABSTUDY. For more information about how to lodge documents online, go to servicesaustralia.gov.au/centrelinkuploaddocs For help completing this form online, go to servicesaustralia.gov.au/onlineguides
A	Information in your language We can translate documents you need for your claim or payment for free. To speak to us in your language, call 131 202 . Call charges may apply.
TTY	 Hearing and speech assistance If you have a hearing or speech impairment, you can use: the National Relay Service 1800 555 660, or our TTY service on 1800 810 586. You need a TTY phone to use this service. For more information about help with communication, go to servicesaustralia.gov.au and search 'other support and advice'.

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Fill	ling in this form	9	Read this before answering the following question.
Re	u can complete this form on your computer using Adobe Acroba ader, and some browsers, or you can print it. <i>r</i> ou have a printed form:	t	Parent means a natural or adoptive parent, or a person who is legally responsible for you. If your parent(s) are separated we need to know details about each of them.
•	Use black or blue pen.		Do you live with your parent(s)?
	Print in BLOCK LETTERS. Where you see a box like this Go to 1 skip to the question		No 🕖 Go to next question
	number shown.		Yes Do not answer questions 10 to 36. Go to 37
1	Your Customer Reference Number (if known)	10	
•			(DD MM YYYY)
		11	Have you left your parent(s) home previously?
2	Your name		No Go to next question
	Mr Mrs Miss Ms Mx Other		Yes Sive details below
	Family name		1 Date you left home (or estimate of date left)
			(DD MM YYYY)
	First given name		Date you returned home to live (or estimate of
			date returned)
	Cocond given name		(DD MM YYYY)
	Second given name	- -	2 Date you left home (or estimate of date left)
			(DD MM YYYY)
-			
3	Your date of birth (DD MM YYYY)		Date you returned home to live (or estimate of date returned)
			(DD MM YYYY)
4	Your contact details	_	If you have left home on more than 2 occasions, provide a
	Phone number (including area code)		separate sheet with details.
	Mobile phone number	12	Who do you live with now?
			Partner (married, registered
5	Your current address		partner or de facto)
5		7	Friends Go to next question
			In a refuge/hostel
			Alone Go to 14
	Postcode		Other Give details below
6	Your postal address (if different to above)	- I	
			▶ Go to next question
	Postcode		
7	Do you have a current nominee?		
	No Go to 9		
	Yes 🕞 Go to next question		
8	Do you want this arrangement to continue?		
			III
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			No Give details belo	W
4	How long do you expect to live in this arrangement? Emergency/short term Long term Not sure			
5	Details of your parent, with whom you last lived. Name			
	Address			
		20	Is anyone other than your pyou (for example, a guardia	parent(s) responsible for looking afte an)?
	Contact phone number (including area code)		Guardian means any othe substantially dependent of	
	Relationship to yourself: Mother Father Guardian		No 🚺 Go to next quest	
			Yes Give details belo	W
6	Your other parent's details		Person's name	
6	Your other parent's details Name			
6	Name		Person's name Their address	
6				
6	Name			Postcode
6	Name		Their address Contact phone number	Postcode
6	Name Address Postcode Contact phone number		Their address Their address Contact phone number (including area code)	
6	Name Address Postcode		Their address Contact phone number	
	Name Address Address Postcode Contact phone number (including area code)		Their address Their address Contact phone number (including area code)	I after you?
	Name Address Address Postcode Contact phone number (including area code) Relationship to yourself: Mother Father Guardian		Their address Their address Contact phone number (including area code)	I after you?
	Name Address Address Address Postcode Contact phone number (including area code) Relationship to yourself: Mother Father Guardian Do your parent(s) live together?		Their address Their address Contact phone number (including area code)	I after you?
7	Name Address Address Contact phone number (including area code) Relationship to yourself: Mother Father Guardian Do your parent(s) live together? No Go to next question		Their address Their address Contact phone number (including area code)	I after you?
7	Name Address Address Postcode Contact phone number (including area code) Relationship to yourself: Mother Father Go to next question Yes Go to 20		Their address Their address Contact phone number (including area code)	I after you?
7	Name Address Address Postcode Contact phone number (including area code) Relationship to yourself: Mother Father Go to next question Yes Go to 20		Their address Their address Contact phone number (including area code)	I after you?

	Are you receiving support from your parent(s)/guardian(s) or any other person (for example, food, help paying bills, help paying rent, help paying school fees, receiving regular money)?	What incident(s) and/or problem(s) made you leave home? Give details and examples below.
	No Go to next question	
	Yes Give details below	
	Is there anyone else that can tell us about your family	
	circumstances (for example, a counsellor, teacher, doctor,	
	relative or family friend)?	
	No 🕞 Go to next question	
	Yes Give details below	
	Person's name	
	Their address	
ſ		
	Postcode	
	Contact phone number	
	(including area code)	
	Read this before answering the following question.	
	Permission to contact: We may need to talk to your	
	parent(s)/guardian(s) and a third party to discuss your family	
	situation. If you do not want this to happen, you will have to talk to us to discuss your reasons.	
	Do you give permission for us to talk to:	
	the person identified in question 15 No Yes	
	the person identified in question 16 No Yes	
	the person identified in question 20 No Yes	
	the person identified in question 22 No Yes	
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How are you affected by the incident(s) and/or problem(s) that made you leave home?

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- Have you and/or your parent(s)/guardian(s) tried to sort out your 26 differences (for example, counselling, mediation or attempts by yourself or your parent(s)/guardian(s) to improve your relationship)?
 - No Go to next question

Yes Go to 28

27 Why haven't you and/or your parent(s)/guardian(s) tried to sort out your differences?

Go to 29	

Give details of any people and/or organisations that you and/or 28 your parent(s)/guardian(s) have gone to for help to sort out your differences.

1 Name of person or organisation		
Has going to this person or organisation		
helped improve your relationship?	No	Yes
2 Name of person or organisation		
Has going to this person or organisation		
helped improve your relationship?	No	Yes

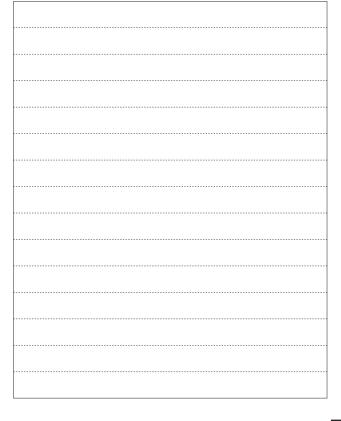
29 Has your relationship with your parent(s)/guardian(s) changed since you left home?

No 🕞 Go to next question
es 🕞 Has your relationship improved or deteriorated?
Improved
Deteriorated

- **30** Have you had any contact with your parent(s)/guardian(s) since you left home?
 - No Go to next question
 - Yes Give details below

Include:

- type of contact (for example, phone call, visit)
- how often contact has been made •
- who initiated the contact.



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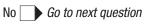
31	Will your parent(s)/guardian(s) allow you to	o return home to live?
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No Go to next question Yes **Go to 33**

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32 Give reasons why your parent(s)/guardian(s) will not allow you to return home to live.

- Go to 34
- 33 Do any conditions apply if you return home to live with your parent(s)/guardian(s)?



Yes Give	details	below
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Do you want to return home to live with your parent(s)/guardian(s)? 34

No		Give	~~
		aive	υu

mments below

Yes If your parent(s)/guardian(s) do not live together, nominate which parent(s)/guardian(s) you would like to live with.

35 Is there any other information you can provide that will help us decide if it is unreasonable for you to live at home with your parent(s)/guardian(s)?



No Go to next question

Yes Give details below

Provide any other documents or reports that you wish.

If you need more space, provide a separate s	heet with details.

No Go to next question

Yes Give details below

Where do you want your payment made?

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

Privacy notice

37 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to **servicesaustralia.gov.au/privacypolicy**

Declaration

38 I declare that:

• the information I have provided in this form is complete and correct.

I understand that:

- Services Australia can make relevant enquiries to make sure I receive the correct entitlement.
- giving false or misleading information is a serious offence.

I have read, understood and agree to the above.

Date (DD MM YYYY) (you must date this declaration)



Your signature (**only** required if returning by post or in person)

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Returning this form

Return this form and any supporting documents:

- online (excluding identity documents) using your Centrelink online account. For more information, go to servicesaustralia.gov.au/centrelinkuploaddocs
- by post to
 - Services Australia Student Services PO Box 7804

CANBERRA BC ACT 2610

in person at one of our service centres.