

# Unreasonable to live at home

Youth Allowance, ABSTUDY or Disability Support Pension

centrelink

MOD  
Y

Statements given to customer to complete (if over 18) on

/ /

Please return this form and statements (if applicable)  
to one of our service centres by

/ /

**Purpose of this form** – The information you provide on this form will:

- help us decide if it is unreasonable for you to live at home.
- be used to determine your eligibility for, and provide payments and services to you and, where relevant, third parties. This information may also be used to detect or prevent fraud and/or recover payments.

**Definition of a partner** – For our purposes a person is considered to be your partner if you and the person are living together, or usually live together, and are married, or in a registered relationship (opposite-sex or same-sex), or in a de facto relationship (opposite-sex or same-sex).

We consider a person to be in a de facto relationship from the time they commence living with another person as a member of a couple. We recognise all couples, opposite-sex and same-sex.

**1** Your full name

**2** Your date of birth

 /  / 

**3** Your Centrelink Reference Number (if known)

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**4** Your contact details

Daytime phone number ( )

Mobile phone number

**5** Your current address

  
  
 Postcode

**6** When did you start living at this address?

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**7** Who do you live with now?

Partner (married, registered partner or de facto of the opposite-sex or same-sex)  Friends

In a refuge  Alone  Other  Give details below

**8** How long do you expect to live in this arrangement?

Emergency/short term  Long term  Not sure

**9** In the last 2 years, have you had contact with your parent/guardian?

No  Go to 12

Yes  Go to next question

**10** Your parent/guardian's details (if you had contact within the last 2 years)

Name

Address

  
  
 Postcode

Contact phone number ( )

Relationship to yourself: Mother  Father  Guardian

**11** Your other parent/guardian's details (if you had contact within the last 2 years)

Name

Address (if different to question 10)

  
  
 Postcode

Contact phone number ( )

Relationship to yourself: Mother  Father  Guardian

**12** Is anyone other than your parents responsible for looking after you (if different to parent/guardian)?

No  Go to next question

Yes  Give details below

Person's name

Their address

  
  
 Postcode


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**13 Please read this information before answering the following question about permission to contact.**

We will need to talk to your parents and a third party to discuss your family situation. If you do not want this to happen, you will have to talk to one of our social workers.

Do you give permission for us to talk to...

the person identified at question 10? No  Yes

the person identified at question 11? No  Yes

the state/territory Child Protection Agency? No  Yes

**14** Do you receive money or other support from your parent(s), guardian, another person or a government department (e.g. help with rent, school fees)?

No  Go to next question

Yes  Give details including nature of support

**15** Why is it unreasonable for you to live with your parents? Briefly state why you cannot live at home with your parents.

**16** Have you or your family ever been involved with a state or territory Child Protection Agency?

No  Go to next question

Yes  Give details below



Attach verification (if available).

**17** You do not have to answer this question if you are claiming or receiving Disability Support Pension.

Where do you want your payment made?

The bank, building society or credit union account must be in your name. A joint account is acceptable.

Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

**18** Is there anyone else who can tell us about your family situation (e.g. counsellor, youth worker, doctor, teacher, school social worker)?

No  Go to next question

Yes  Give details below

Person's name

Their relationship to you

Their address

  

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Postcode

Their contact phone number

**19** Do you want another person or organisation to enquire or act on your behalf when dealing with us?

No  Go to 20

Yes



You will need to complete and attach an **Authorising a person or organisation to enquire or act on your behalf (SS313)** form. If you do not have this form, call us on **132 490** or go to **servicesaustralia.gov.au/nominees**

**20 IMPORTANT INFORMATION**

**Privacy and your personal information**

The privacy and security of your personal information is important to us, and is protected by law. We need to 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/privacy**

**21 Statement**

**I declare that:**

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

**I understand that:**

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

Your signature

Date