

Transition to Work Transfer or Exit Form

1. **Service User Name**

2. **Service User Address**

3. **Date of birth**

4. **CIS ID Number**

5. **Current Transition to Work Service Provider**

Current Outlet ID and location

Current Service Provider Contact Person and Phone Number

- Service User changing provider (Complete Q6)
OR
 Service User exiting Transition to Work program (Go to Q7)

6. **NEW Service Provider Name and ID**

NEW Outlet ID and location

NEW Service Provider Contact Person and Phone Number

7. **Reason for permanent exit:**

- | | |
|--|--|
| <input type="checkbox"/> Transition to employment (<i>go to 8, 9 and 10</i>) | <input type="checkbox"/> Education (TAFE, University etc) |
| <input type="checkbox"/> Health Issues | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Decline in interest | <input type="checkbox"/> Service User deceased |
| <input type="checkbox"/> Other (<i>please specify</i>) | <input type="checkbox"/> Transfer to Community Participation |

8. **If the person exited to employment, was it:**

- Disability Employment Service (DES) Open employment
 Australian Disability Enterprise (ADE)

9. **Job Type**

10. Hours per week

11. Did the exit create a funded vacancy at the outlet?¹

Yes No

12. Any additional comments or feedback

<p>SERVICE USER or PARENT/ADVOCATE/GUARDIAN</p> <p>By signing this form, I/we agree to exit the current TTW service and transfer to the new TTW service (if applicable):</p> <p>Sign here: _____ Date: _____</p>	<p>Name: _____</p> <p>Relationship to service user: _____</p>	
<p>AUTHORISED CURRENT SERVICE PROVIDER REPRESENTATIVE</p> <p>By signing this form, I agree to relinquish funding for the Service User (to the new service provider if applicable) as of the transfer effective date.</p> <p>Sign here: _____ Date: _____</p>	<p>Name: _____</p> <p>Title: _____</p>	<p>Exit Effective Date:</p>
<p>AUTHORISED NEW SERVICE PROVIDER REPRESENTATIVE</p> <p>By signing this form, I agree to auspice the program for the Service User as of the transfer effective date.</p> <p>Sign here: _____ Date: _____</p>	<p>Name: _____</p> <p>Title: _____</p>	<p>Transfer Effective Date:</p>

ADHC Use Only	<input type="radio"/> CIS updated	<input type="radio"/> Submission returned
Date received	<input style="width: 100%;" type="text"/>	
CIS ID	<input style="width: 100%;" type="text"/>	
Trim No	<input style="width: 100%;" type="text"/>	

This form must be forwarded to lifeskillsandemployment@facs.nsw.gov.au or fax 02 9377 6440 within 7 days of a Service User exiting or changing his/her service provider.

¹ If a young person moves to supported or open employment earlier than two years, the service provider should notify ADHC that they have a vacancy which could potentially be filled by another eligible young person. Funding will continue to the end of the calendar year in which the young person exited even if the vacancy remains unfilled.