**Transition Support Services: Closure Form**

**Please send the completed form to** transitionsupport@ot.govt.nz – the Transition Assistance Team, they will:

* Record the closure
* If under 21, maintain contact with the rangatahi
* Provide rangatahi with advice and assistance in the future

**CLOSURE WITH TRANSITION SUPPORT PROVIDER**

**This summary is the information of the rangatahi,** they can see it, help decide what goes into it, and be given a copy if they want one.

It is important to detail:

* + Why the rangatahi is exiting the service?
	+ What engagement has occurred and supports given to the rangatahi?
	+ Who are the main support people for the rangatahi?
	+ What do we need to be aware of if the rangatahi returns to request advice and assistance?

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| RANGATAHI INFORMATION |
| Full Name |  | **Gender Identity** |  |
| Date of Birth |  | **Ethnicity** |  |
| Length of time with Transition provider |  | **Iwi, hapū, marae, village** |  |
| Phone number  |  | **CYRAS Number** |  |
| Address |  |

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| CLOSING TRANSITION PROVIDER |
| Transition provider  |  |
| Transition worker |  |
| Phone number |  |
| Email |  |
| Region |  |

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| Has the rangatahi been advised of their ongoing entitlements? *For all rangatahi (until they turn 25):* |
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| * Are they aware of how to contact the Transition Assistance Team on 0800 55 89 89, if they need advice and assistance in future?
 | Choose an item. |

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| Has the rangatahi been advised of their ongoing entitlements? *If still under 21 and seeking closure* |
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| * Offered to transfer them to a different transition worker?
 | Choose an item. |
| * Offered to transfer to a different transition provider?
 | Choose an item. |
| * Advised them of the option to reduce frequency of contact?
 | Choose an item. |
| * Advised them that they can respond to contact in a minimal way if they prefer?
 | Choose an item. |
| * Negotiated to keep in contact with another person on their behalf?
 | Choose an item. |

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| SUMMARY - to be completed by the transition worker and rangatahi (if possible) |
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| How would you describe your current situation?Where are you living? Who are you living with? What are you doing during the day? |
| ….. |
| Who are the important people in your life?This will include: whānau and family, caregiver, friends, hapū/iwi/cultural or spiritual support people, etc. This may also include ongoing professional support and networks. *Please provide their contact details.*  |
| ….. |
| What are you most proud of achieving in your transition to adulthood?Consider things like education, employment, living arrangements, whānau/family relationships, cultural connection, interests, hobbies, health, or wellbeing. |
| ….. |
| How has your transition worker supported you?Consider things like coaching, cultural connection, opportunities, accessing services, financial, teaching skills for adulthood. |
| ….. |
| What would you like to share about your transition from care into adulthood?Consider: getting ready for leaving Oranga Tamariki care, support given by your transition worker & transition provider, advice and assistance given by the transition assistance team at the helpline.  |
| ….. |

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| REASON FOR CLOSURE |
| * What is the reason for closure?
 | Choose an item. |
| Please include any supporting information that will help the transition assistance team, or another provider, should the rangatahi request advice or assistance in the future. |
| … |