

**Application for**

 Assistance under the *Ontario Works Act*  
Income Support under the *Ontario*  
*Disability Support Program Act*
 Application

 Update Report

**Part 1: Financial Assistance**

 Has the applicant previously applied for assistance under the *Ontario Works Act*, 1997, for benefits under the *Family Benefits Act*, or support under the *Ontario Disability Support Program Act*, 1997?

 No  OW  FBA/ODSP Location

Date of Last Assistance

Amount

 Yes

\$

 As an Ontario Works applicant or recipient, have you ever had your assets assessed at the higher ODSP asset level?  No  Yes

**1. Case Class**
**Ontario Works Act**
 Single (18 and over)  Sole Support  Other, provide details  
 Couple  Disabled \_\_\_\_\_  
 Under 18 Years of Age  Aged \_\_\_\_\_

**Ontario Disability Support Program**
 Disabled  
 Prescribed, provide details \_\_\_\_\_

**2. Applicant**
 1 Mr.  3 Ms.  1 Single  3 Spousal  5 Divorced  
 2 Mrs.  4 Miss  2 Married  4 Widowed  6 Separated

Last Name			First Name			Initials		
Date of Birth D M Y			Other/Previous Name			Telephone No. (Including Area Code)		
Street Number		Unit/Suite/Apt.	Street Name					
City/Town/Municipality				Province		Postal Code		
Social Insurance No.			Health No.		Version	Education - Highest Level		
Next of Kin		Relationship		Address				

**3. Dependants:** List all dependants including spouse, dependent children and dependent adults living with you.

**Spouse**

Spouse's Last Name			First Name			Other Name		
Social Insurance No.			Health No.		Version	Date of Birth D M Y		
Education - Highest Level								

**Dependent Child(ren) (up to 18 years old) living with you - Name(s) on birth certificate(s)**

Last Name			First Name			Date of Birth D M Y		
School Name			Grade	Health No.		Version		
Last Name			First Name			Date of Birth D M Y		
School Name			Grade	Health No.		Version		
Last Name			First Name			Date of Birth D M Y		
School Name			Grade	Health No.		Version		

**Dependent Adult(s) (18 and over) living with you - Name(s) on birth certificate(s)**

Last Name			First Name			Other Name		
Social Insurance No.			Health No.		Version	Date of Birth D M Y		
Education - Highest Level		School Name			Grade			
Last Name			First Name			Other Name		
Social Insurance No.			Health No.		Version	Date of Birth D M Y		
Education - Highest Level		School Name			Grade			

Do you have any dependants not living with you?

 No  Yes, provide details in Section 15

Is any other person using this address for any other reason?

 No  Yes, provide the following:

Name

Reason

Relationship

**4. Living Conditions**

Are you living with your parent(s) or the parent(s) of your spouse?  No  Yes  
 If "Yes", is/are your parent(s)  in receipt of ODSP/OW  in receipt of GIS or Gains?  
 If you are a sponsored immigrant, do you live with your sponsor?  No  Yes  
 If "Yes", is your sponsor  in receipt of ODSP/OW  in receipt of GIS or Gains?

<b>Boarding</b> (Room & meals provided)	Monthly Amount	Verified Y N	With Whom	M F	Relationship	Effective Date D M Y
<b>Renting</b> <input type="checkbox"/> subsidized <input type="checkbox"/> unsubsidized <input type="checkbox"/> <b>Own Home/Condominium</b>	Monthly Amount	Verified Y N	Mortgage Balance	Verified Y N	Condo. Fees	Verified Y N
	Landlord/Mortgage Holder	Address			Telephone No.	
Property Taxes (Annual)	Verified Y N	Insurance (Annual)	Verified Y N	Utilities (Monthly)	Verified Y N	Heating Costs (Monthly)
						Equal Billing <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay the total accommodation costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No; If "No"		Amount paid by you	Amount paid by cores.	No. of sharers	Effective Date M F D M Y
Are you, your spouse or dependant in a hospital, nursing home or other institution?	<input type="checkbox"/> No <input type="checkbox"/> Yes; If "Yes", provide the following:		Name and Address of Institution		Date of Admission	Expected Date of Discharge
A / S / D						

**5. Income**

Description	Received				Monthly Amount	Verified Y N
	Y	N	A	S D		
OAS / GIS / SA / Allowance for the Survivor Program						
GAINS A						
Annuities, Superan, Insur. Ben., Seg. Funds						
Earned Interest						
Canada Pension Plan, QPP						
Pension Act (Canada)						
War Veterans' Allowance						
Employment Insurance						
Foreign Pensions / U.S. Soc. Sec.						
W.S.I.B.						
Comp. for Victims of Crime						
Children's Lawyer / Public Guardian and Trustee						
Trust						
Mortgage Rec./Loan Agreement						
Farm or Business						
Rental <input type="checkbox"/> housing <input type="checkbox"/> land <input type="checkbox"/> garage <input type="checkbox"/> other						
Support Payments						
Loans						
Other						

**6. Current Earnings/ Training**

Applicant	Gross	Monthly Amounts			Verified Y N	Child Care Exp.	Type	Verified Y N	Work Related Exp. (Disabled)	Verified Y N
		Code	Net							
Applicant										
Spouse										
Dependant										

**7. When were you, your spouse or dependant last employed?**

	Date Last Employed	Reason for Leaving	EI Eligibility Date	EI Status	Own Trans	Reason Unempl.	Length of Empl.	Propd. Act.
A	D M Y		D M Y					
S								
D								

**8. Do you have a Roomer or Boarder?**

R/B	Effective Date	M F	Name	Relationship	Amount
	D M Y				

Is any Roomer or Boarder your child, grandchild, child in temporary care of you or your spouse?  No  Yes; If "Yes", are they  
 in receipt of ODSP  in receipt of Ontario Works  attending an educational institution  without financial assistance?  
 Provide details in Section 15

Is any other person living in the home? (eg. landlord)  No  Yes; If "Yes", provide the following:  
 Name \_\_\_\_\_ Relationship - provide details in Section 15 \_\_\_\_\_

**9. Assets**

Personal Property	Y	N	A	S	D	Details	Value \$	Verified Y	N
Cash on Hand									
Chequing / Savings Accounts (Banks, Trust Companies, Credit Unions)									
Investments (Bonds, Shares, RRSP, RESP, Term Deposit)									
Life Insurance (Cash Surrender Value, Annuities, Superan, Insur. Ben., Seg. Funds)									
Receivables (Mortgages, Loans, Accounts Receivable)									
Vehicles									
Safety Deposit Box									
Valuables (Coins, Stamps, Jewellery)									
Prepaid Funeral (Amount in Excess of Allowable Exemption)									
Beneficial Interest in Assets Held in Trust (Children's Lawyer / Public Guardian and Trustee)									
Trust						Acquired by Inheritance <input type="checkbox"/> Yes <input type="checkbox"/> No			
Financial Interest in Business									
Other									

I hereby authorize direct deposit into - **Direct Bank Deposit**

Branch	Institution	Account Number

Real Property - other than Principal Residence?  No  Yes; If "Yes", provide the following:

Lot and Plan/ Concession	Address	A	S	D	Owned or Life Tenancy	Rented	Vacant	Occupied	Year Purchased	Current Market Value \$	Equity \$	Verified Y	N

Have you, your spouse or any dependant disposed of any assets (personal or real property) within the last twelve months or since the last report?

No  Yes; If "Yes", provide details:

Are any assets expected in the future by you, your spouse, or any dependants?  No  Yes; If "Yes", provide details:

**10. Other Financial Resources**

Are there any other financial resources/income to which the applicant/spouse or dependent child(ren)/dependent adult may be entitled?

No  Yes; If "Yes", provide the following:

Name	Address	For (Name)	Amount \$
<input type="checkbox"/> Sponsorship			
<input type="checkbox"/> Support			
<input type="checkbox"/> Ontario Child Benefit			
<input type="checkbox"/> National Child Benefit Supplement			
<input type="checkbox"/> OSAP			
<input type="checkbox"/> Other - specify			

Has an application been made for any types of income for which the applicant/spouse or dependent child(ren)/dependent adult may be eligible?

No  Yes; If "Yes", provide details:

Previous Spousal Relationship Applicant  Yes, provide details in Section 15  No Spouse/ Dep. Adult  Yes, provide details in Section 15  No

**11. Special Items** Are any of the following items required by you, your spouse or any dependant?  No  Yes

Special Diet  Community Start Up and Maintenance Benefit  Travel/Transportation  
 Pregnancy Nutritional Allowance  Transition Child Benefit  Guide Dog Allowance

12. Status in Canada	If born outside Canada, provide the following:	Arrival Date	Verified Y	N	Current Status	Verified Y	N	Landing Date
Applicant								
Spouse								
Dependant(s)								

**13. Residence**

List all places of applicant's residence within the last 12 months (OW only).

From (month/year)	To (month/year)	Address	Municipality	Province

**14. Update Report Only**

Have you or your spouse or any dependant been absent from Ontario?  No  Yes; If "Yes", provide details:

Did you receive Social Assistance from any other province/state/country while absent from Ontario?  No  Yes; If "Yes", provide details:

Have you or your spouse or your dependant been in hospital, nursing home, detention centre or other institution?  No  Yes; If "Yes", provide the following:

Name	Name and Address of Institution	Date Entered	Date Released

**15. Additional Information** (e.g. Health numbers for dependent children or adults, debts)

For OW Applicants, this application has been assessed at the higher asset level for ODSP.  No  Yes

**Note:** You are responsible for following the rules of the Ontario Works Program/Ontario Disability Support Program, including honest reporting of **all** changes in your income, assets and living arrangements.

The Criminal Code of Canada s.s. 380 (1) states that everyone who by deceit, falsehood or other fraudulent means defrauds the public of any property, money or valuable security, is guilty of an offence. The *Ontario Works Act, 1997, Sec. 79/Ontario Disability Support Program Act, 1997, Sec. 59*, states that a person who knowingly obtains or receives a benefit/assistance that he/she is not entitled to obtain or receive under the Act and the regulations is guilty of an offence.

If there is sufficient evidence to suspect that fraud, or an offence under social assistance legislation has been committed, the matter may be referred to the police for investigation.

**16. Statutory Declaration** (complete spousal information if applicable)

- I, \_\_\_\_\_ (full name) do solemnly declare that I am the Applicant/Recipient (or the person applying on behalf of the Applicant/Recipient) named in this application.
- I, \_\_\_\_\_ (full name) do solemnly declare that I am the spouse of the above mentioned Applicant/Recipient named in this application.
- I/we, \_\_\_\_\_ (full name(s)) do solemnly declare that I am/we are the Dependent Audlt(s) of the above mentioned Applicant/Recipient named in this application.
- I/We have been interviewed by the Ontario Works Administrator or his/her representative or by the Director of the Ontario Disability Support Program Branch of the Ministry of Community and Social Services or his/her representative. I/We understand the eligibility criteria. I/We have supplied the information in this application to the best of my/our knowledge and belief. All statements are true and no information required to be given has been withheld or omitted.
- For purposes of Ontario Works only, I/we acknowledge that I/we have completed Part 2 of this application and have been provided with a copy.
- Should assistance be granted or continued on the basis of the information in this application, I/we will notify the administrator, the Director, or his/her representative as the case may be, of any change of circumstances relevant to the assistance provided to me or on my behalf, including any change in circumstances pertaining to my/our assets, income, dependants, living arrangements and participation in Ontario Works activities as set out in the participation agreement(s).
- I/we acknowledge that the information contained in this application may be used for the purpose of applying for and/or verifying eligibility for assistance under the *Ontario Works Act, 1997* or the *Ontario Disability Support Program Act, 1997* and I/we undertake to provide any additional information that may be requested at that time.
- I/We make this solemn Declaration conscientiously believing it to be true and knowing that it has the same force and effect as if made under oath by virtue of the *Canada Evidence Act*.

Declared before me at the \_\_\_\_\_  
of \_\_\_\_\_  
in the \_\_\_\_\_ of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature/mark of applicant/recipient or person applying on behalf of applicant/recipient

Signature/mark of spouse where applicable

\_\_\_\_\_ A Commissioner etc.

**Notice with Respect to the Collection of Personal Information**  
(Freedom of Information and Protection of Privacy Act)  
(Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the *Ontario Disability Support Program Act, 1997*, sections 5 & 10, 45 & 46 or the *Ontario Works Act, 1997*, sections 7, 8, 15, 57 & 58 for the purpose of:

- administering Government of Ontario social assistance programs. For more information contact \_\_\_\_\_ at ( ) \_\_\_\_\_, in your local Ontario Works or ODSP office.
- administering payment of prescription drug claims and conducting drug use review for the Ontario Drug Benefits Program. For more information contact: the Director, Drug Programs Branch, 5700 Yonge Street, 3<sup>rd</sup> Floor, Toronto ON M2M 4K5.

**For Office Use Only** Forms, documents, certificates to follow (specify):