



## Information about Participation Requirements

### Eligibility for Ontario Works is based on two key factors:

- Your financial situation (your income, assets, and living arrangements) and,
- Your participation (following through with the activities in your Participation Agreement).

### Mandatory Requirements

- While receiving Ontario Works, you are required to participate in activities that will lead to employment.
- If you are disabled, over 65 years, or if you are a sole-support parent whose youngest child is unable to attend school, you might be excluded from this requirement (deferred), but you can still participate if you choose to.
- If you are temporarily unable to participate due to medical concerns, you can be deferred, which means that you do not have to participate while you address your medical concerns. You must provide verification of your medical condition or your limitations, from your doctor.

### Participation Agreement

- The Participation Agreement is your plan to work towards your employment goals, and is based on your personal situation.
- You and your Case Manager or Employment Counsellor will meet regularly to review and update your plan. As your circumstances change, your Participation Agreement is updated.
- It is important that you keep your Case Manager or Employment Counsellor informed if your planned activities end or change.

### Employment Assistance

You don't have to do it alone! Employment Counsellors and Case Managers are here to help with your employment plan, and you might be eligible for help with costs involved in your participation.

### Benefit Ineligibility (Non-Compliance)

- You must follow through with the plan outlined in your Participation Agreement. If you do not, or if you fail to accept or maintain employment, you may be found non-compliant.
- This means that you would not be eligible for social assistance in the province of Ontario or that your monthly assistance could be reduced.
- If you are non-compliant with your participation requirements, you would be ineligible or have your assistance reduced for the following periods of time:
  - **First Occurrence:** One Month
  - **Every other Occurrence:** Three Months

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This document has been explained to me and I have received a copy.

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Signature

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Witness

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Date