

Part 1: To the Administrator, I apply for assistance under the *Ontario Works Act, 1997* and in support of my application, I make the following statements:

1. Personal Data

☐ Mr

☐ Mrs.

☐ Miss

☐ Ms

Last Name

First Name

Date of Birth

D

M

Y

Marital Status

Social Insurance Number

Health Number

Address

Postal Code

Telephone Number

2. Residence for the past 12 months

a) If applicant born outside Canada, provide address(es) provide the following:

b) For OWA – Residence for past 12 months, * provide address(es) in section 7.

Arrival date (dd/mm/yyyy)

☐ This Municipality

☐ Another Municipality

From

To

Current status

* ☐ Outside Ontario

* ☐ Unorganized Territories

Landing date (dd/mm/yyyy)

* ☐ Indian Reserve

3. Last/Present Employment

Date Last Employed

From (dd/mm/yyyy)

To (dd/mm/yyyy)

Employed by

Address

Normal Occupation

4. Dependants and other persons living with applicant (see reverse side if necessary)

Given Names and Surname	Date of Birth			Contribution		Other Persons Living in the Household (e.g., relatives, boarders)	Amount (\$)	Effective Date	Relationship to Applicant
	D	M	Y	Yes	No				
Spouse						Roomer			
Children and other dependants						Boarder			
						Co-resident			
						Other			

5. Monthly Living Expenses

Rent

\$

Room and Board

\$

Mortgage (principal and interest)

\$

Taxes

\$

Fire Insurance

\$

Fuel

\$

6. Income and Assets

(List all income and assets of applicant and all dependants living in the household, such as social assistance of any kind, wages, full or part-time earnings, rentals, contribution of payments from any source, annuities, chequing accounts, savings accounts, bonds, stocks, money in trust, insurance policies, real estate, etc.)

Name of Person having Income or Assets	Type of Income or Asset	Amount of Income Per Week, Month, Year	Value of Asset

7. Reason why assistance is required, state in detail

All the statements in the foregoing application are true to the best of my knowledge and belief and no information required to be given has been concealed or omitted.

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 regulation 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.

Date (dd/mm/yyyy)	Signature of Applicant
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Part 2: To be completed by Administrator where applicant is resident of a Long-Term Care Home.

Name of Long-Term Care Home
Address

Address (continued)	Licence Number	Date of Issue (dd/mm/yyyy)
Date of Admission of Application (dd/mm/yyyy)	Daily Rate \$	Monthly \$

I certify that the above Long-Term Care Home is licensed or approved under the *Long-Term Care Homes Act, 2007* and I recommend payment of an allowance for the Long-Term Care Home care of the applicant in the amount of \$ _____ per month.

Date (dd/mm/yyyy)	Signature of Administrator
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For Office Use Only

☐ Ontario Works Emergency Assistance ☐ Emergency Hostel Resident

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: Director, Drug Programs Branch, 3rd Floor, 5700 Yonge Street, Toronto ON M2M 4K5.