



Social Services

Discretionary Health Benefit Request - ODSP and OW Clients

Name: _____ Member ID: _____

Date of Birth (dd/mm/yyyy): _____ Phone Number: _____

Caseworker's Name: _____

Please include:

☐ Verification of medical need from Medical Practitioner

☐ Quote from supplier / vendor for the requested items / services

Items NOT covered by Discretional Health Benefits:

- Dental work not covered by the dental card;
- Prescribed and over the counter medications;
- Transportation costs;
- Medical tests / procedures not covered by the Ministry of Health;
- Non-health related items such as clothing and furniture.

Signature: _____ Date: _____

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 Works Act, 1997* section 7, 8, 57 & 58 of the *Ontario Disability Support Program Act, 1997*, sections 5, 10, 45 & 46 for the purposes of administering Government of Ontario Social Assistance Programs.

Please complete form in full, sign and return to:

Grey County Social Services

595 9th Ave. E.,

Owen Sound, ON N4K 3E3

Email: ssbenefits@grey.ca

Fax: 519-376-4920

For inquiries please call:

519-376-7112 ext. 1363