

Ontario Works provides financial and employment assistance to people in financial need. Eligibility for assistance depends on a number of conditions of eligibility including income, assets, participation in approved employment assistance activities.

If you have **any questions** about any information on this form please contact your worker.

Part A – Your Rights

1. An Interview

Any time that you meet with your worker you can bring someone with you. This person can be anyone you would like to have there.

2. A Decision in Writing

We will write to tell you of any eligibility or financial decisions we make and the reasons for making them.

3. A Chance to Have Decisions Reviewed

If you disagree with a decision that we make, you may make a written request within thirty days to have this decision reviewed by your local office. This internal review must be completed by the local office within thirty (30) days. You will be told of the result in writing. You cannot file an appeal with the Social Benefits Tribunal unless you have first asked for an internal review. If you disagree with the review decision, you can make an appeal to the Social Benefits Tribunal within 30 days of the date of the internal review decision.

Part B – Your Assistance

Every month that you are eligible, you will receive assistance for basic needs and shelter and employment assistance. You may also be eligible for the following items. If you need one of these items **please contact your worker for more information.**

Drug coverage	<ul style="list-style-type: none"> • Your monthly drug benefit covers most of the cost of prescription drugs for you and any eligible family members. • Each family member will use their Ontario health card to access the benefit. • Individuals not eligible for an Ontario health card will receive a paper drug card each month.
Full-time Employment Benefit	<ul style="list-style-type: none"> • A benefit is provided up to \$500 to help people who obtain full-time employment (i.e., 30+ hours per week) with the costs of going to work.
Other Employment and Employment Assistance Activities Benefit	<ul style="list-style-type: none"> • When you start a new job, less than 30 hours per week, or an employment assistance activity, help is available for: advance child care payments, transportation costs, work boots, work clothes and uniforms and other necessary work or employment assistance related expenses.
Participation Expenses	<ul style="list-style-type: none"> • In addition, you may receive help to cover additional expenses when participating in an employment assistance activity including: transportation, clothing, grooming, special equipment, minor fees such as certification charges and child care costs.
Vision Care	<ul style="list-style-type: none"> • Basic vision care is provided for all dependent children.
Special Diets	<ul style="list-style-type: none"> • If you require a special diet due to a medical condition, you may be able to get some help if this diet involves extra cost.
Pregnancy Nutritional/Breast-feeding Allowance	<ul style="list-style-type: none"> • Women can receive a pregnancy nutritional allowance to cover their special dietary needs during pregnancy and for 12 months after delivery if they are breast-feeding the child.
Other Items	<ul style="list-style-type: none"> • Help is available for diabetic supplies, surgical supplies and dressings, approved medical transportation of \$15 or more per month, and guide dog benefit.
Discretionary Items	<ul style="list-style-type: none"> • You may receive money for other items such as: moving expenses, low cost energy and water conservation measures, assistive devices, wheelchairs and inhalators, vision and dental care for adults.
Transition Child Benefit	<ul style="list-style-type: none"> • A transition child benefit for families on social assistance who may not be receiving the Ontario Child Benefit or may be receiving less than their maximum Ontario Child Benefit.

Part C – Your Responsibilities

1. **You may be required to attend** an employment information session.
2. **You may be required to take** a literacy screening questionnaire if you have not completed grade 12 or its equivalent. If you provide proof of a learning disorder, you are not required to take the literacy screening questionnaire.
3. **If you are applying to the Ontario Disability Support Program (ODSP)** through Ontario Works and you have assets above the Ontario Works asset limit and you have not previously used the one-time asset exemption, then you are required to complete an Agreement to Reimburse. If you are determined to be ineligible for ODSP, you must repay some or all of the assistance that you have received.
4. **You will be required to meet with your worker** at least every 3 months to review your participation in employment assistance activities and every 24 months to review your financial information.
5. **Contact your worker promptly if:**
 - You receive a message that your worker needs to speak to you
 - There are any changes in your circumstances
 - You are planning to leave the province for any period
 - You begin to receive income or your income changes
6. **Respond promptly** if you receive a request for information or a form to complete.
7. All members of your benefit unit who are 18 years of age and older are **required to participate in employment assistance activities** including looking for work or better paying work. Activities that may be approved include:

Job skills training	Job search support (e.g. resume workshop)	Employment placement
Community placement	Basic education or literacy	Addiction services
Learning, Earning and Parenting program	Independent job search	Supports to self-employment

All members are required to immediately report any changes in their participation.

8. **Keep receipts and statements so your worker can verify your income, expenses and assets.** Keep receipts and statements such as:

Pay stubs	Bank account books/statements	Income tax assessment or returns
Child care costs	Rent or mortgage payments	Hydro, water and heating costs
Insurance (e.g. fire/home)	Property taxes	

9. **You and your spouse have an obligation to make reasonable efforts to obtain compensation** or realize a financial resource or income that the person in your benefit unit may be entitled to or eligible for. Examples of financial resources include the National Child Benefit Supplement and the Ontario Child Benefit.

10. **Obtain and report all available income** that you or a member of your benefit unit is owed or receives, including any earnings, training allowances or other sources of income. Each month, you will receive an income reporting statement that is used to report all changes to your income. If you or any member of your family begin to receive income or your income changes, you must report this income to your worker and the completed statement must be received in your worker's office by the due date. Your worker will review your income history regularly. **Examples of sources of income include:**

Earnings	WSIB	Employment Insurance
Roomer/boarder income	Money owed to you	Interest or dividends
Pensions	OSAP	Insurance/accident claims
Child care income	Training allowances	Child/spousal support
Sponsor payments	Gifts, Inheritance or lotteries	Compensation for victims of crime
Self-employment income	Sale of assets	Farm income

11. **Report all your assets.** An asset is property of all kinds, including cash or anything that you own that can be converted into cash.

Examples of assets include:

Life insurance	Collections or valuables	Money in bank accounts	Vehicles
Investments	Property or real estate you own	RRSPs/GICs/Stocks/Bonds	

Remember to tell your worker immediately if you or anyone in your benefit unit:

Borrows money	Buys a new asset	Opens or closes a bank account	Sells or transfers an asset
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The allowable asset limits are set by regulation. Your asset limit is determined by the number of persons in your benefit unit.

Your maximum allowable asset limit is \$ _____.

12. **Report any changes to your circumstances.** Tell your worker immediately if there are any changes such as:

- Your address, phone number, or email address change
- Your rent or other home costs change
- Someone in your benefit unit starts or leaves school
- Someone in your benefits unit starts or leaves a job
- The number of people in your benefit unit changes (i.e., new baby, child or spouse leaves or returns, a member of the benefit unit is deceased, etc.)
- You or a member of your benefit unit needs to leave or has left Ontario for a period greater than 7 days

13. **You and your spouse are responsible to repay all overpayments** you may have. If you leave social assistance, you and your spouse are still required to repay the overpayment.

14. **You and your spouse are responsible to repay any Transition Child Benefit** amount that you have received in the event that you receive a retroactive Ontario Child Benefit and/or National Child Benefit Supplement payment that applies to the same month or months.

15. **You are responsible for following the rules of the Ontario Works 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 *Family Benefits Act, Sec. 19/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.

Part D – Signature

This document has been fully explained to me and I have received a copy. I understand that this document contains the current rules and policies and that they may change from time to time.

Signature or mark of applicant/recipient/trustee	Date (yyyy/mm/dd)
Signature or mark of spouse	Date (yyyy/mm/dd)
Signature or mark of dependent adult (if applicable)	Date (yyyy/mm/dd)
Signature of worker	Date (yyyy/mm/dd)

Your worker's name is:

You can contact your worker at: _____ on _____