



**APPLICATION FOR DISCRETIONARY BENEFITS**  
**ONTARIO WORKS AND ONTARIO DISABILITY SUPPORT PROGRAM**

**I am a recipient of:**      Ontario Works (OW)     My Caseworker is \_\_\_\_\_  
*(please select one)*     or  
                                   Ontario Disability Support Program (ODSP)

**Applicant Information**

Given Name:	Surname:	Member ID:
Address:		
Contact Number (Mandatory):		

**Type of Request**

Health Related     Are there any other sources of funding to assist with the cost of the item requested?  
 Personal Items  
 Other

**Items requested (include cost and reason for the request):**

---

---

---

---

---

---

---

---

\_\_\_\_\_ Date \_\_\_\_\_  
 Applicant's Signature

**NOTE:** Completed application forms must include two (2) price quotes from (2) separate vendors and supporting documentation to verify the reason for the request. Examples may include prescriptions, letters from a Doctor or other professionals. Satellite offices require only one (1) quote.

**FOR OFFICE USE ONLY**

Recommendation:

Approved Issue \$ \_\_\_\_\_

Denied Reason \_\_\_\_\_

\_\_\_\_\_ Supervisor  
 Caseworker