



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

<b>I am a recipient of:</b> <i>(please select one)</i>	<input type="checkbox"/> Ontario Works (OW)	My Caseworker is _____
	or	
	<input type="checkbox"/> Ontario Disability Support Program (ODSP)	

### Applicant Information

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

### Type of Request

<input type="checkbox"/> Health Related <input type="checkbox"/> Personal Items <input type="checkbox"/> Other	Are there any other sources of funding to assist with the cost of the item requested? <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
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**Items requested (include cost and reason for the request):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**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 \_\_\_\_\_

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