



Application Update Report

Part 1: Financial Assistance

Has the applicant previously applied for assistance under the Ontario Works Act, 1997, for benefits under the Family Benefits Act, or support under the Ontario Disability Support Program Act, 1997?

Form with checkboxes for No, OW, FBA/ODSP, Location, Date of Last Assistance, Amount.

As an Ontario Works applicant or recipient, have you ever had your assets assessed at the higher ODSP asset level? No Yes

1. Case Class

Ontario Works Act

Ontario Disability Support Program

Form with checkboxes for Single, Couple, Under 18 Years of Age, Sole Support, Disabled, Aged, Other, provide details, Disabled, Prescribed, provide details.

2. Applicant

Form with checkboxes for Mr., Ms., Mrs., Miss, Single, Married, Spousal, Widowed, Divorced, Separated.

Main applicant information form including Last Name, First Name, Date of Birth, Telephone No., Street Name, City/Town/Municipality, Province, Postal Code, Social Insurance No., Health No., Version, Education - Highest Level, Next of Kin, Relationship, Address.

3. Dependants: List all dependants including spouse, dependent children and dependent adults living with you.

Spouse

Spouse information form including Spouse's Last Name, First Name, Other Name, Social Insurance No., Health No., Version, Date of Birth, Education - Highest Level.

Dependent Child(ren) (up to 18 years old) living with you - Name(s) on birth certificate(s)

Form for dependent children including Last Name, First Name, Date of Birth, School Name, Grade, Health No., Version.

Dependent Adult(s) (18 and over) living with you

Form for dependent adults including Last Name, First Name, Other Name, Social Insurance No., Health No., Version, Date of Birth, Education - Highest Level, School Name, Grade.

Do you have any dependants not living with you? No Yes, provide details in Section 15

Is any other person using this address for any other reason? No Yes, provide the following:

Form for other persons using address including Name, Reason, Relationship.

4. Living Conditions

Are you living with your parent(s) or the parent(s) of your spouse? No Yes
 If "Yes", is/are your parent(s) in receipt of ODSP/OW in receipt of GIS or Gains?
 If you are a sponsored immigrant, do you live with your sponsor? No Yes
 If "Yes", is your sponsor in receipt of ODSP/OW in receipt of GIS or Gains?

Boarding (Room & meals provided)	Monthly Amount	Verified Y N	With Whom	M F	Relationship	Effective Date D M Y	
Renting <input type="checkbox"/> subsidized <input type="checkbox"/> unsubsidized <input type="checkbox"/> Own Home/Condominium	Monthly Amount	Verified Y N	Mortgage Balance	Verified Y N	Condo. Fees	Verified Y N	
	Landlord/Mortgage Holder	Address			Telephone No.		
Property Taxes (Annual)	Verified Y N	Insurance (Annual)	Verified Y N	Utilities (Monthly)	Verified Y N	Heating Costs (Monthly)	
						Equal Billing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you pay the total accommodation costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No; If "No"		Amount paid by you	Amount paid by cores.	No. of sharers	Effective Date	
					M F	D M Y	
Are you, your spouse or dependant in a hospital, nursing home or other institution?	<input type="checkbox"/> No <input type="checkbox"/> Yes; If "Yes", provide the following:		Name and Address of Institution			Date of Admission	Expected Date of Discharge
	A / S / D						

5. Income

Description	Received			Monthly Amount	Verified Y N
	Y	N	A S D		
OAS / GIS / SA / Allowance for the Survivor Program					
GAINSA					
Annuities, Superan, Insur. Ben., Seg. Funds					
Earned Interest					
Canada Pension Plan, QPP					
Pension Act (Canada)					
War Veterans' Allowance					
Employment Insurance					
Foreign Pensions / U.S. Soc. Sec.					
W.S.I.B.					
Comp. for Victims of Crime					
Children's Lawyer / Public Guardian and Trustee					
Trust					
Mortgage Rec./Loan Agreement					
Farm or Business					
Rental <input type="checkbox"/> housing <input type="checkbox"/> land <input type="checkbox"/> garage <input type="checkbox"/> other					
Support Payments					
Loans					
National Child Benefit Supp.					
Other					

6. Current Earnings/ Training

	Gross	Monthly Amounts		Verified Y N	Child Care Exp.	Type	Verified Y N	Work Related Exp. (Disabled)	Verified Y N
		Code	Net						
Applicant									
Spouse									
Dependant									

7. When were you, your spouse or dependant last employed?

	Date Last Employed	Reason for Leaving	EI Eligibility Date	EI Status	Own Trans	Reason Unempl.	Length of Empl.	Propd. Act.
A	D M Y		D M Y					
S								
D								

8. Do you have a Roomer or Boarder?

<input type="checkbox"/> No <input type="checkbox"/> Yes	R/B	Effective Date	M F	Name	Relationship	Amount
		D M Y				

Is any Roomer or Boarder your child, grandchild, child in temporary care of you or your spouse? No Yes; If "Yes", are they
 in receipt of ODSP in receipt of Ontario Works attending an educational institution without financial assistance?
 Provide details in Section 15

Is any other person living in the home? (eg. landlord) No Yes; If "Yes", provide the following:
 Name _____ Relationship - provide details in Section 15 _____

9. Assets

Personal Property	Y	N	A	S	D	Details	Value \$	Verified	
								Y	N
Cash on Hand									
Chequing / Savings Accounts (Banks, Trust Companies, Credit Unions)									
Investments (Bonds, Shares, RRSP, RESP, Term Deposit)									
Life Insurance (Cash Surrender Value, Annuities, Superan, Insur. Ben., Seg. Funds)									
Receivables (Mortgages, Loans, Accounts Receivable)									
Vehicles									
Safety Deposit Box									
Valuables (Coins, Stamps, Jewellery)									
Prepaid Funeral (Amount in Excess of Allowable Exemption)									
Beneficial Interest in Assets Held in Trust (Children's Lawyer / Public Guardian and Trustee)									
Trust						Acquired by Inheritance <input type="checkbox"/> Yes <input type="checkbox"/> No			
Financial Interest in Business									
Other									

I hereby authorize direct deposit into - **Direct Bank Deposit**

Branch	Institution	Account Number

Real Property - other than Principal Residence? No Yes; If "Yes", provide the following:

Lot and Plan/ Concession	Address	A	S	D	Owned or Life Tenancy	Rented	Vacant	Occupied	Year Purchased	Current Market Value \$	Equity \$	Verified	
												Y	N

Have you, your spouse or any dependant disposed of any assets (personal or real property) within the last twelve months or since the last report ?

No Yes; If "Yes", provide details:

Are any assets expected in the future by you, your spouse, or any dependants? No Yes; If "Yes", provide details:

10. Other Financial Resources

Are there any other financial resources/income to which the applicant/spouse or dependent child(ren)/dependent adult may be entitled?

No Yes; If "Yes", provide the following:

Name	Address	For (Name)	Amount \$
<input type="checkbox"/> Sponsorship			
<input type="checkbox"/> Support			
<input type="checkbox"/> OSAP			
<input type="checkbox"/> other - specify			

Has an application been made for any types of income for which the applicant/spouse or dependent child(ren)/dependent adult may be eligible?

No Yes; If "Yes", provide details:

Previous Spousal Relationship Applicant Yes, provide details in Section 15 Spouse/ Yes, provide details in Section 15
 No Dep. Adult No

11. Special Items

Are any of the following items required by you, your spouse or any dependent? No Yes

Special Diet Travel/Transportation Community Start Up and Maintenance Benefit Guide Dog Allowance Pregnancy Nutritional Allowance

12. Status in Canada

If born outside Canada, provide the following:		Arrival Date	Verified		Current Status	Verified		Landing Date
			Y	N		Y	N	
Applicant								
Spouse								
Dependant(s)								

13. Residence

List all places of applicant's residence within the last 12 months (OW only).

From (month/year)	To (month/year)	Address	Municipality	Province

14. Update Report Only

Have you or your spouse or any dependant been absent from Ontario? No Yes; If "Yes", provide details:

Did you receive Social Assistance from any other province/state/country while absent from Ontario? No Yes; If "Yes", provide details:

Have you or your spouse or your dependant been in hospital, nursing home, detention centre or other institution? No Yes; If "Yes", provide the following:

Name	Name and Address of Institution	Date Entered	Date Released

15. Additional Information (e.g. Health numbers for dependent children or adults, debts)

For OW Applicants, this application has been assessed at the higher asset level for ODSP. No Yes

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 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.

16. Statutory Declaration (complete spousal information if applicable)

- I, _____ do solemnly declare that I am the Applicant/Recipient (or the person applying on behalf of the Applicant/Recipient) named in this application.
(full name)
- I, _____ do solemnly declare that I am the spouse of the above mentioned Applicant/Recipient named in this application.
(full name)
- I/we, _____ do solemnly declare that I am/we are the Dependent Adult(s) of the above mentioned Applicant/Recipient named in this application.
(full name(s))
- I/We have been interviewed by the Ontario Works Administrator or his/her representative or by the Director of the Ontario Disability Support Program Branch of the Ministry of Community and Social Services or his/her representative. I/We understand the eligibility criteria. I/We have supplied the information in this application to the best of my/our knowledge and belief. All statements are true and no information required to be given has been withheld or omitted.
- For purposes of Ontario Works only, I/we acknowledge that I/we have completed Part 2 of this application and have been provided with a copy.
- Should assistance be granted or continued on the basis of the information in this application, I/we will notify the administrator, the Director, or his/her representative as the case may be, of any change of circumstances relevant to the assistance provided to me or on my behalf, including any change in circumstances pertaining to my/our assets, income, dependants, living arrangements and participation in Ontario Works activities as set out in the participation agreement(s).
- I/we acknowledge that the information contained in this application may be used for the purpose of applying for and/or verifying eligibility for assistance under the *Ontario Works Act, 1997* or the *Ontario Disability Support Program Act, 1997* and I/we undertake to provide any additional information that may be requested at that time.
- I/We make this solemn Declaration conscientiously believing it to be true and knowing that it has the same force and effect as if made under oath by virtue of the *Canada Evidence Act*.

Declared before me at the _____
of _____
in the _____ of _____
this _____ day of _____, _____.

Signature/mark of applicant/recipient or person applying on behalf of applicant/recipient

Signature/mark of spouse where applicable

Signature/mark of dependent adult(s) where applicable

_____ A Commissioner etc.

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, Ontario M2M 4K5.

For Office Use Only Forms, documents, certificates to follow (specify):