



**THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD**

**APPLICATION FOR BENEFITS
Ontario Works and Ontario Disability Support Program**

I am a recipient of:	<input type="checkbox"/> Ontario Works (OW) <input type="checkbox"/> Ontario Disability Support Program (ODSP)
My Caseworker is:	
Member ID #:	

APPLICANT INFORMATION

Last Name:	First Name:
Address:	
Contact # (mandatory):	

TYPE OF REQUEST

<input type="checkbox"/> Participation Items <input type="checkbox"/> Personal Items <input type="checkbox"/> Health Related <input type="checkbox"/> Other	Are there any other sources of funding to assist with the cost of the item requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
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REASON FOR REQUEST AND ITEMS REQUESTED (INCLUDE COSTS)

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Applicant's Signature:	Date:
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NOTE: Completed applications regarding Medical or Household items must include two (2) price quotes from two (2) separate vendors and supporting documentation to verify the reason for the request. Examples may include prescriptions and letters from a physician or other professional. Satellite office locations require only one (1) quote.

RECOMMENDATION - FOR OFFICE USE ONLY

<input type="checkbox"/> Approved	Benefit: <input type="checkbox"/> PB-OEEAAB <input type="checkbox"/> PB-ERE <input type="checkbox"/> Discretionary <input type="checkbox"/> Other Issue \$
<input type="checkbox"/> Denied	Reason:
Caseworker:	Supervisor: