

ODSP Case ID (for office use only)

Applicant (please print)

Mr. <input type="radio"/>	Last Name	First Name	Date of birth	day	mo.	year	Verified Y N
Ms. <input type="radio"/>							
Mrs. <input type="radio"/>							

Address (number, street, apartment number or Rural Route)

City, Town	Postal Code
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Home telephone ()	Work telephone ()	Ext.
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E-mail address	Verified (for office use only) Y N
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Insurance number	

Are you now: working part-time/full time? attending school?
 doing volunteer work? in a training program?

If yes, please give details:

Do you/did you receive financial or other benefits or services from any of the following?

	Now		Previously		Date of last payment	
	Yes	No	Yes	No	Month	Year
1. ODSP Employment Supports						
2. ODSP Income Supports (formerly FBA)						
3. Ontario Works (formerly GWA)						
4. Employment Insurance (formerly UI)						
5. Workplace Safety and Insurance (formerly WCB)						
6. Canada Pension Plan (CPP)						
7. Accident, Sickness, Disability Insurance						
8. Ontario Student Assistance Program (OSAP)						
9. Other income - please specify						

Please describe your disability or impairment: *(You may check one or more boxes.)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Physical/Mobility | <input type="checkbox"/> Developmentally challenged | <input type="checkbox"/> Mental health/Psychiatric |
| <input type="checkbox"/> Deaf/Hard of hearing | <input type="checkbox"/> Learning disability | |
| <input type="checkbox"/> Blind/Visually impaired | <input type="checkbox"/> Head injury/Cognitive | |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Other: _____ | |

Please provide details of your disability below. If you need more space, please attach separate page.

How does your disability make it difficult for you to get or keep a job?

Did your disability result from an accident or illness at work? Yes No

Did your disability result from an automobile accident that occurred after June 21, 1990? Yes No

Have you filed a lawsuit regarding your disability? Yes No N/A

Are you participating in a drug or alcohol recovery program? (Does not include AA or NA.) Yes No N/A

If yes, please describe:

Why are you applying for ODSP Employment Supports?

- to prepare for a job to find a job
- to keep a job to get information/assistance with starting self-employment
- Other, please give details: _____
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If you are now working, please check the reason(s) you are applying for ODSP Employment Supports:

- to resolve a disability related problem at work to advance in a current job
- to resolve a non disability related problem to change jobs or career path
- Other, please describe: _____
-

Verification of Disability/Impairment

Please check off any of the following categories that apply to you:

- Recipient of income support under the Ontario Disability Support Program verified as a person with a disability: **Case ID number** (if known) _____
- Registered as legally blind with the Canadian National Institute for the Blind: **Registration number** _____
- Former/current student of a Provincial School for students with disabilities (i.e. Amethyst School, London; Trillium School, Milton; Sagonaska, Belleville; Centre Jules-Leger, Ottawa; W. Ross MacDonald School, Brantford, The Robarts School, London; The E.C. Drury School for the Deaf, Milton; and Sir James Whitney School, Belleville.)
Please attach a school report or other written confirmation of your attendance.

Instructions:

If you checked off a box above, do not complete the attached Verification of Disability/Impairment form.

If you have a report completed by a Health Care Professional which describes your disability, for example: Vocational Rehabilitation Services medical form or a psychological report of a learning disability, it may not be necessary for you to complete the attached Verification of Disability/Impairment form. Please contact your ODSP office to inquire.

Please note: All applicants must complete the "Consent to Disclose and Verify Information" at the end of the application form.

In order to meet or talk with Employment Supports staff, will you require any special accommodations; for example, sign language interpreter?

Yes No

If yes, please specify:

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of applicant

Date

Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act)

The information is collected under the legal authority of the *Ontario Disability Support Program Act, 1997*, S.O. 1997, c.25, Schedule B, for the purpose of providing employment supports to enable persons with disabilities to obtain and maintain employment. For more information contact your nearest Ontario Disability Support Program office at the address below.

Office use only	<input type="checkbox"/> Eligibility verified	Signature of Ministry official	Date
	<input type="checkbox"/> Not eligible		

I, _____, *consent to the
(name of applicant, please print)

exchange of information between the Ministry of Community and Social Services and

- the Government of Canada,
- the government of any other province or territory,
- the Government of Ontario,
- any agency, ministry or department of any of the foregoing,
- any community and employment agencies or any organizations,

in order to verify information (e.g., that I am not in receipt of other public or private assistance or eligible for such assistance, that I am a resident of Ontario, that I am legally entitled to work in Canada) specifically and exclusively for the purpose of determining or verifying my initial or ongoing eligibility for employment supports under the *Ontario Disability Support Program Act, 1997*.

I understand that this exchange of information may take the form of telephone conversations; face-to-face meetings, sending letters or records by mail or facsimile; or electronic data exchanges.

I further understand that information may be exchanged with a third party for the purpose of completing my "Employment Plan" and/or monitoring my progress in an approved program listed in my "Employment Supports Funding Agreement".

In the event that I request a review of any decisions made by the Ministry regarding my initial or ongoing eligibility for employment supports under the *Ontario Disability Support Program Act, 1997*, I acknowledge that any or all of the information provided pursuant to this consent may be released to the Dispute Resolution Committee.

Dated at _____ the _____ day of _____ 20__.

* Signature of applicant

** Signature of witness

Name of witness (please print)

* In situations where the applicant is unable to provide consent in writing, by reason of physical or mental disability, the consent of the legal guardian or, if there is no legal guardian, the next of kin (with the applicant's verbal consent), will suffice.

** Please have your signature witnessed by anyone over the age of 18 years. It does not have to be the Employment Supports Specialist.