



Application Update Report (Includes FBA)

Part 1: Financial Assistance

Has the applicant previously applied for assistance under the General Welfare Assistance Act, 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/Yes, GWA/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

Form for Case Class with sections for Ontario Works Act and Ontario Disability Support Program.

2. Applicant

Form with checkboxes for marital status: 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, Social Insurance No., Health No., Education - Highest Level, Next of Kin, Relationship, Address.

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

Spouse

Form for Spouse information 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 Child(ren) information 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 Adult(s) information 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 person 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/Family Benefits/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/Family Benefits/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/beneficiary of Family Benefits 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 _____

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 *Family Benefits Act, Sec. 19/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
(full name)
applying on behalf of the Applicant/Recipient) named in this application.
- I, _____ do solemnly declare that I am the spouse of the above mentioned
(full name)
Applicant/Recipient named in this application.
- 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 for verifying eligibility for benefits under the *Family Benefits Act* 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

_____ 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 *Family Benefits Act, R.S.O. 1990, c.F.2, sections 9 & 12*, the *Ontario Disability Support Program Act, 1997, sections 5 & 10*, or the *Ontario Works Act, 1997, sections 7, 8 & 15*, 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: the Director, Drug Programs Branch, 3rd Floor, 5700 Yonge Street, Toronto, Ontario M2M 4K5.

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