

Note to Applicant or Recipient

This **Questionnaire** is completed when you have been living with another adult for at least three months. If you and the adult you are living with have declared yourselves to be spouses or have been confirmed as close relatives, it is not necessary to complete this Questionnaire.

- Before completing this Questionnaire, first read the form: *Information Sheet for Applicants and Recipients who are Living with Another Adult*.
- If you and another adult have been living together for at least three months, this Questionnaire is used to help assess if your relationship is marriage-like.
- If your relationship is assessed to be marriage-like, you will be considered as a couple in determining your eligibility for financial assistance under the Ontario Works Program or income assistance under the Ontario Disability Support Program.
- There is no correct number of questions that must be answered in a certain way. All answers will be weighed together to determine if your relationship is marriage-like.
- You will be asked to sign that the answers you give on the Questionnaire are true.
- 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 or she is not entitled to obtain or receive under the Act and the regulations is guilty of an offence.

Name of Applicant/Recipient	Member ID.	Case Org.
Name of Other Adult Living with Applicant / Recipient		Date Applicant / Recipient Started Living with Other Adult

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.

Part 1 – To be completed where two adults have been living together for at least three months and have not declared themselves to be spouses or been confirmed as close relatives

1. Please check off the box that most accurately describes your relationship with the adult with whom you are living:

- | | |
|---|--|
| <input type="checkbox"/> Legally married | <input type="checkbox"/> Boarder |
| <input type="checkbox"/> Marriage-like (i.e., common-law) | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Roommate | <input type="checkbox"/> Caregiver (only if not married or common-law) |
| <input type="checkbox"/> Roomer | |
| <input type="checkbox"/> Other, please specify _____ | |

Please check Yes or No in response to the questions below:

2. Is the adult with whom you are living required to support you or any of your children under a court order or domestic contract?
 Yes No
3. Are you and the adult with whom you are living the parents of a child(ren)? Yes No

Note: If you have indicated that you are legally married, living in a marriage-like relationship (i.e., common-law, spouse) and / or you have responded 'Yes' to questions 2 or 3 you will be considered as spouses and the rest of the Questionnaire will not be completed.

I have read, or had read to me, Part 1 of this form and I declare the answers I have given are true.

Signature of Applicant/Recipient	Date
Signature of Caseworker/Authorized Representative	Date

Part 2 – Financial Factors

4. Do you *and* the adult with whom you are living jointly own assets or property? Do you now or have you in the past jointly owned:

- Bank Account No Yes: explain _____

- A Motor Vehicle No Yes: explain _____

- Savings, Investments or Bonds No Yes: explain _____

- Real Estate No Yes: explain _____

- A Business No Yes: explain _____

- Other (e.g. furniture, appliances, television, boat, trailer) No Yes: explain _____

5. Do you *and* the adult with whom you are living share responsibility for debts or liabilities, for example:

- Credit Cards (bank, store) No Yes: explain _____

- Debt (e.g., loans, installment payments) No Yes: explain _____

- Mortgage No Yes: explain _____

- Other No Yes: explain _____

6. Does the adult with whom you are living identify you as a spouse on his or her auto insurance?

- No Yes: explain _____

Part 2 – Financial Factors - *continued*

7. Do you identify the adult with whom you are living as a spouse on your auto insurance?

No Yes: explain _____

8. Who pays for:

Item	Registered Name(s)	Describe Arrangements
Rent/ Mortgage Payment		
Food/Groceries		
Gas		
Hydro		
Water		
Telephone		
Cable		
Homeowner or Tenant Insurance		
Auto Insurance		

9. Does the adult with whom you are living identify you as a common-law partner on his or her income tax return?

No Yes: explain _____

10. Do you identify the adult with whom you are living as a common-law partner on your income tax return?

No Yes: explain _____

11. Does the adult with whom you are living claim you and/or your children as dependants for income tax purposes?

No Yes: explain _____

12. Do you claim the adult with whom you are living and/or his or her children as dependants on your income tax return?

No Yes: explain _____

13. Does the adult with whom you are living name you and/or your children as beneficiary of his or her life insurance or any other financial asset, e.g., RRSPs?

No Yes: explain _____

14. Do you name the adult with whom you are living and/or his or her children as beneficiary of your life insurance or any other financial asset, e.g., RRSPs?

No Yes: explain _____

15. Does the adult with whom you are living name you and/or your children as beneficiary of his or her pension plan(s)?

No Yes: explain _____

Part 2 – Financial Factors - *continued*

16. Do you name the adult with whom you are living and/or his or her children as beneficiary of your pension plan(s)?

No Yes: explain _____

17. Have you and/or your children ever received benefits under a benefits plan of the adult with whom you are living (e.g., drug plan, dental benefits)?

No Yes: explain _____

18. Has the adult with whom you are living and/or his or her children ever received benefits under your benefits plan (e.g., drug plan, dental benefits)?

No Yes: explain _____

19. Is the adult with whom you are living and/or his or her children a beneficiary of your will?

No Yes: explain _____

20. Are you and/or your children a beneficiary of the will of the adult with whom you are living?

No Yes: explain _____

Additional Information:

I have read, or had read to me, Part 2 of this form and I declare the answers I have given are true.

Signature of Applicant/Recipient	Date
Signature of Caseworker / Authorized Representative	Date

Note: If the responses to Part 2 do not indicate that a marriage-like financial relationship exists, Part 3 will not be completed.

Part 3 – Social and Family-like Factors

21. Are you and the adult with whom you are living known as spouses by any public agencies or other services such as a school, day-care, doctor, housing authority, bank, children’s aid society, place of worship, police, etc.?

No Yes: explain _____

22. Are you and the adult with whom you are living known as spouses by your family, friends or relatives?

No Yes: explain _____

Part 3A – Complete only if there are children in the home

23. Have you or the adult with whom you are living ever registered your children in school, sports or recreational activities under each other’s surnames?

No Yes: explain _____

24. Have you or the adult with whom you are living ever presented each other as parent, or step-parent of the other’s children to any of the following organizations or services:

Schools, Daycare No Yes: explain _____

Doctor, Dentist No Yes: explain _____

Sports Club,
e.g. hockey team No Yes: explain _____

Community Centre No Yes: explain _____

Children’s Aid Society No Yes: explain _____

Police No Yes: explain _____

I have read, or had read to me, Part 3 of this form and I declare the answers I have given are true.

Signature of Applicant/Recipient	Date
Signature of Caseworker / Authorized Representative	Date