

I/we declare that:

I/we completed the social assistance digital application truthfully and have left nothing out and understand that:

- the information in this application is to verify eligibility for assistance under the *Ontario Works Act, 1997* or the *Ontario Disability Support Program Act, 1997*, and
- the ministry or an Ontario Works delivery agent may ask for more information to confirm eligibility

I/we will be responsible for:

- providing any additional information that may be asked for by the deadline
- keeping all records of income, assets and expenses in case they are asked for in the future
- meeting with a caseworker when required

I/we understand that it is a condition of initial and ongoing eligibility for Ontario Works that all people included in the application who are 18 years of age and older will be required to create a plan to participate in employment-related activities to find and keep a job or become ready to participate in employment services.

I/we will notify the social assistance office of any change to information provided in this application, including:

- changes to income, assets, family members, or living arrangements
- travel outside Ontario
- taking part in employment-related activities

I/we will make reasonable efforts to get money from other sources or programs. For example, these could include other government programs, a pension, or other money that may be owed to me/us.

I/we will repay some or all the social assistance payments received if there is a change in my/our circumstances that affects eligibility for those payments. For example, a person who receives a payment from Employment Insurance that covers the same time period as social assistance payments must repay the amount of their social assistance.

I/we understand that:

- it is against the law to knowingly provide false information in an application for social assistance
- the police may be asked to investigate if it is suspected that false information was provided in order to qualify for social assistance

I have read and agreed to the terms of the declaration above.

<div>Signature of applicant/recipient</div>	<div>Date (yyyy/mm/dd)</div>	<div>Signature/mark of spouse where applicable</div>	<div>Date (yyyy/mm/dd)</div>
<div>Signature of dependent adult where applicable</div>	<div>Date (yyyy/mm/dd)</div>	<div>Signature of dependent adult where applicable</div>	<div>Date (yyyy/mm/dd)</div>
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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 and may be disclosed to the Government of Canada or to another government under the legal authority of the *Ontario Disability Support Program Act, 1997*, sections 5, 10, 45, 46 & 53 or the *Ontario Works Act, 1997*, sections 7, 8, 15, 57, 58 & 71 for the purpose of:

- administering Government of Ontario social assistance programs and/or conducting research.
- 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, 5700 Yonge Street, 3rd Floor, Toronto ON M2M 4K5.



Consent to Disclose and Verify
Information (Canada Revenue Agency)
Ontario Works Act, 1997
Ontario Disability Support Program Act, 1997

I/We, consent to the release, by the Canada Revenue Agency (CRA) to the Ministry of Children, Community and Social Services of Ontario (“the Ministry”) and/or a delivery agent administering Ontario Works as identified by the Ministry under the *Ontario Works Act, 1997*, of information from my/our tax files. I/We understand that the information released by the CRA will be relevant to, and will be used solely for the purposes of:

- (a) determining and verifying my/our initial, past and ongoing eligibility for social assistance, and for the administration and enforcement of the *Ontario Works Act, 1997* (or its predecessor legislation) and the *Ontario Disability Support Program Act, 1997* (or its predecessor legislation); and, where applicable,
- (b) permitting the making of an adjustment to a social assistance payment made pursuant to the Ontario legislation referred to in paragraph (a) above, where the purpose of the adjustment is to take into account the amount of any Ontario Child Benefit payment I/we are entitled to.

I/We understand that information from my/our tax files that is provided for the purposes of paragraph (b) above, will only be provided to the Ministry by the CRA for those years in which I/we are entitled to receive an Ontario Child Benefit payment.

This information will not be disclosed by the Ministry or a delivery agent administering Ontario Works to any other party except in accordance with section 54 of the *Ontario Disability Support Program Act, 1997*, section 73 of the *Ontario Works Act, 1997* and the provisions of the *Freedom of Information and Protection of Privacy Act* or the *Municipal Freedom of Information and Protection of Privacy Act*.

This consent is given pursuant to subsection 241(5) of the *Income Tax Act (Canada)*, and in the case of an application or an update of my/our social assistance information, is valid for the following years:

- the current taxation year,
- each subsequent taxation year for which social assistance is requested, and
- for the four tax years immediately preceding the calendar year in which this consent is submitted.

I/We understand that this consent will apply to inquiries made relating to my/our initial eligibility for, as well as my/our past and ongoing receipt of social assistance. I/We further understand that the inquiries may take the form of electronic data exchanges.

I/We understand that if I/we wish to withdraw this consent, I/we may do so at any time by writing to my local Ontario Works or Ontario Disability Support Program office, and that this request may affect my/our eligibility for social assistance, pursuant to sections 12, 14(1), 15, 16, 17(1) of O. Reg. 222/98 and sections 14, 17(1), 19 & 20 of O. Reg. 134/98.

I have read or had read to me and understand the consent set out above.

_____ Signature of applicant/recipient	_____ Date (yyyy/mm/dd)	_____ Signature/mark of spouse where applicable	_____ Date (yyyy/mm/dd)
_____ Signature of dependent adult where applicable	_____ Date (yyyy/mm/dd)	_____ Signature of dependent adult where applicable	_____ Date (yyyy/mm/dd)
_____ Signature of dependent adult where applicable	_____ Date (yyyy/mm/dd)	_____ Signature of dependent adult where applicable	_____ Date (yyyy/mm/dd)
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(*Freedom of Information and Protection of Privacy Act*)
(*Municipal Freedom of Information and Protection of Privacy Act*)

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Consent to Disclose and Verify
Personal Information

Ontario Works Act, 1997
Ontario Disability Support Program Act, 1997

1.

I/We, consent to the collection of personal information by, and the release of personal information to, an authorized representative of the Ontario Works delivery agent or the Ministry of Children, Community and Social Services for the purpose of determining or verifying my/our initial and ongoing eligibility for social assistance and administering my/our social assistance.
2.

Without restricting the generality of the consent in section 1, I/we specifically consent to the release of personal information relating to any bank account, safety deposit, assets of any nature or kind whatsoever held by me/us or on my/our behalf or by or on behalf of any of my/our dependent children or children temporarily in my/our care, alone or jointly with any other person, in any financial institution.
3.

I/We further consent to an authorized representative of an Ontario Works delivery agent, or the Ministry of Children, Community and Social Services, disclosing to any party personal information about me/us, any of my/our dependent children or children temporarily in my/our care, for the purpose of determining or verifying my/our initial and ongoing eligibility for social assistance and administering my/our social assistance.
4.

I/We further consent to personal information being collected from and/or disclosed to an Ontario Works delivery agent, or the Ministry of Children, Community and Social Services, or the Government of Canada, the government of any other province or territory, the Government of Ontario, a ministry or department of any of the foregoing, or any agency or any party in order to verify information for the purposes of determining or verifying my/our initial and ongoing eligibility for social assistance and administering my/our social assistance.
5.

I/We understand that this consent will apply to inquiries made relating to my/our initial eligibility for, as well as my/our past and ongoing receipt of, social assistance. I/We further understand that the inquiries may take the form of electronic data exchanges.

I have read or had read to me and understand the consent set out above.

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<div>Signature of dependent adult where applicable</div>	<div>Date (yyyy/mm/dd)</div>	<div>Signature of dependent adult where applicable</div>	<div>Date (yyyy/mm/dd)</div>
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Notice is given that information is collected from the Canada Revenue Agency with respect to your receipt of the Canada Child Benefit and the Ontario Child Benefit.