

**OXFORD COUNTY
APPLICATION DISCRETIONARY BENEFITS**

NOTICE OF COLLECTION OF PERSONAL INFORMATION

The personal information collected on this form is collected under the legal authority of the *Ontario Disability Support Program Act, 1997*, or the *Ontario Works Act, 1997*, or the *Housing Services Act, 2011*, or *Child Care and Early Years Act 2014, s.71* or the *Ministry of Community and Social Services Act* and will be used to determine eligibility for Discretionary Benefits assistance. Questions about this collection should be addressed to a Manager of Human Services at 21 Reeve Street, PO Box 1614 Woodstock, ON N4S 7Y3 or PH: 519.539.9800

1. Personal Data for Applicant				
Surname		Given Name		Date of Birth (dd/mm/yy)
Address		Email	Phone Number	Marital Status
2. Income				
List all income of applicant, spouse and dependents living in the household, such as social assistance of any kind, wages, full or part time earnings, rentals, contribution or payments from any source, pensions. Please provide documents verifying all household income.				
Income	Applicant	Spouse/ Dependent	Other persons living in the Household (eg. Relatives, boarders)	
	(monthly)	(monthly)		(monthly)
Earnings from employment	\$	\$	Roomer:	\$
Ontario Works (OW)	\$	\$	Boarder:	\$
Ontario Disability Support Program (ODSP)	\$	\$		
Child Tax Benefit/NCBS	\$	\$	<u>WHAT ITEM(S) ARE YOU REQUESTING?</u> ITEM(S): _____ <u>WHO IS THE ITEM(S) FOR?</u> APPLICANT: _____ SPOUSE: _____ DEPENDENTS: _____	
Worker's Safety and Insurance Board (WSIB)	\$	\$		
Employment Insurance (EI)	\$	\$		
Training Allowance (eg. Second Careers)	\$	\$		
CPP	\$	\$		
OAS	\$	\$		
GAINS	\$	\$		
Support Payments	\$	\$		
All the information on this application is true to the best of my/our knowledge and belief and no information required to be given has been concealed or omitted. I/we will inform Oxford County, Department of Human Services immediately of any changes in my/our circumstances, such as marital status, employment, income or assets and/or any other changes in my/our situation.				
Date: _____	_____ Signature of Applicant			
Date: _____	_____ Signature of Spouse			
Date: _____	_____ Signature of Dependent(s) – aged 16 years and older			

INFORMATION YOU MUST SUBMIT WITH THIS DISCRETIONARY BENEFITS APPLICATION:

- ✓ Copy of ID for all household members (example; health card, birth certificate)
- ✓ Provide proof of the need for the item (example; prescription, medical letter)
- ✓ **AN ESTIMATE FOR THE ITEM YOU ARE REQUESTING**
- ✓ Verification of Oxford County address (example; recent utility bill, lease or rental agreement, mortgage documents)
- ✓ Income verification (example; most recent Notice of Assessment from Revenue Canada for all household members, most recent Annual Canada Child Tax Benefit (CCTB) statement showing family income, pay stubs, bank statements or other documentation of income)

If you are found eligible, you are eligible for assistance for 12 months from the date you are found eligible. You will be required to reapply for assistance every 12 months.

PLEASE DO NOT SUBMIT ORIGINAL DOCUMENTS

PLEASE NOTE: Discretionary Benefits will not considered without the full information requested being submitted.

MAIL OR DROP OFF YOUR COMPLETED APPLICATION AND INFORMATION TO:

Human Services, 21 Reeve Street PO Box 1614 Woodstock, ON N4S 7Y3

OR RETURN VIA EMAIL TO: humanservices@oxfordcounty.ca