

# ONTARIO WORKS - INTAKE REFFERAL

## 1. APPLICANT:

\_\_\_\_\_

Last Name First Name Alternate Surname

D.O.B. \_\_\_/\_\_\_/\_\_\_ SIN \_\_\_\_\_ Health Card # \_\_\_\_\_

DD MM YYYY

## 2. SPOUSE/PARTNER (residing with you):

\_\_\_\_\_

Last Name First Name Alternate Surname

D.O.B. \_\_\_/\_\_\_/\_\_\_ SIN \_\_\_\_\_ Health Card # \_\_\_\_\_

DD MM YYYY

## 3. CURRENT ADDRESS:

Phone # \_\_\_\_\_

\_\_\_\_\_

(Number, Street, Apartment Number, Box Number or Rural Route) City/Town Postal Code

DO YOU:  Rent  Own  Room and Board Amount \$ \_\_\_\_\_

## 4. LAST ASSISTANCE/INCOME:

WHERE: \_\_\_\_\_ WHEN: \_\_\_\_\_

CHECK ALL THAT APPLY  E.I. Benefits  C.P.P.

W.S.I.B.  Child Tax Credit

Employment Earnings  Other (i.e. Support)

How much are you receiving? \$ \_\_\_\_\_

## 5. Why are you requesting assistance?

Awaiting E.I.  Employment Ended  Separating from Spouse

Released from Jail  Other (explain) \_\_\_\_\_

## 6. DEPENDENTS (Residing with you):

\_\_\_\_\_

Last Name First Name D.O.B. \_\_\_/\_\_\_/\_\_\_ Health Card # \_\_\_\_\_

DD MM YYYY

\_\_\_\_\_

Last Name First Name D.O.B. \_\_\_/\_\_\_/\_\_\_ Health Card # \_\_\_\_\_

DD MM YYYY

\_\_\_\_\_

Last Name First Name D.O.B. \_\_\_/\_\_\_/\_\_\_ Health Card # \_\_\_\_\_

DD MM YYYY

7. \_\_\_\_\_

*Applicant Signature* *Date*

DATE RECEIVED: \_\_\_\_\_ SDMT #: \_\_\_\_\_ DUTY WORKER: \_\_\_\_\_

VERIFICATION APPT: INTAKE WKR: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## ASSIGNED TO:

CASE MGR. \_\_\_\_\_ ORG # \_\_\_\_\_ APPT. DATE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_