



Questions?

Toronto: (416) 326-0978

Outside Toronto: 1-800-753-3895

Fax: (416) 326-5135

Mail to: Registrar Social Benefits Tribunal 1075 Bay Street, 7th Floor Toronto ON M5S 2B1

Please attach copies of the following to this form:

- the original Notice of Decision
your request for an internal review and
the Internal review decision (if you received one).

Disponible en français.

Office Use Only
File number
Date post-marked

Before you can appeal to the Tribunal, you must request an internal review by the office that made the original decision.

1. General Information

Mr Mrs Ms Miss

Last Name

First Name

Address

Apartment

City Postal Code

Telephone ()

When were you born?

Day / Month / Year

Which Ontario Works or Ontario Disability office do you deal with?

Office name

Office address

Case worker's name

Case worker's telephone ()

2. Internal Review

What is the date of your Notice of Decision?

Day / Month / Year

When did you make your request for an internal review?

Day / Month / Year

Did you receive an internal review decision?

Yes

No

Important: If you do not attend your hearing and fail to provide a reasonable explanation for your absence, your appeal will be denied. In addition, you will not be allowed to appeal a subsequent decision on the same issue for two years.

The Social Benefits Tribunal does not have the authority to review all social assistance decisions. We will advise you in writing of the reasons if your appeal cannot be heard.

You must file your appeal within 30 days of the end of the internal review period. If you do not do so, you must explain why you were late filing. The Tribunal may extend the time for filing this appeal, if it is satisfied that there is a reasonable explanation for the delay.

3. Your Reasons for Appealing

- What are you appealing?
 - Ontario Works
 - Ontario Disability Support Program (disability, seniors or children with severe disabilities).

- Why are you appealing? Check **all** the boxes that apply to you.
 - I was refused assistance.
 - My assistance has been reduced.
 - I have an overpayment.
 - The amount of my assistance is wrong.
 - My assistance has been cancelled.
 - My assistance is on hold.
 - They say I am not disabled.

- What is the effective date of the decision you are appealing?

_____ / _____ / _____
Day / Month / Year

- You **must** explain **what** you disagree with in the original decision and **why**. Use the space below and attach additional pages if necessary.

- Will you need any of the following services at the hearing?
 - Interpreter: Language _____ Dialect _____
 - Sign language interpreter Wheelchair access

Signature _____ Date _____

The Social Benefits Tribunal collects the personal information requested on this form under the *Ontario Works Act, 1997* or the *Ontario Disability Support Program Act, 1997*. It will be used for the purpose of conducting the appeal and will be shared with the respondent. If you have any questions, please contact the FIPP representative at the Tribunal at 1-800-753-3895.

Interim assistance is financial help you may be eligible to receive while waiting for your appeal to be concluded.

The Tribunal may order that you receive interim assistance if you will experience financial hardship as a result of the original decision made by your local office. To assess your request for interim assistance, the Tribunal requires detailed financial information.

You will be notified in writing of the Tribunal's decision regarding interim assistance.

Note: If you lose your appeal, your interim assistance shall be assessed as an overpayment.

4. Application for Interim Assistance

- Describe your household. How many people, including yourself, have you applied on behalf of?

_____ adults _____ children

- Check the box beside those sentences that best describe your situation.
 - I am looking for work.
 - I am in an employment assistance program.
 - I am attending school
 - full-time
 - part-time
 - high school
 - college
 - university
 - other.
 - I am under 18 and cannot live at home.
 - I am working, but earn less than the Ontario Works entitlement.
- Are you receiving any money at all? Yes No
- If you live with your spouse/same-sex partner, is he/she receiving any money? Yes No
- If you or your spouse/same-sex partner are receiving money, please provide details of your household income below. Include the amount you receive, when you last received it and how often you receive this income.

Type of Income	Amount	Date Last Received	Weekly, Monthly, or Other (Specify)
Example: Income A	\$ 100.00	June 1	Monthly
Earnings from a job	\$		
Vacation pay	\$		
Ontario Works (OW)	\$		
Ontario Disability Support Program (ODSP)	\$		
Workplace Safety & Insurance Benefits (WSIB)	\$		
Employment Insurance	\$		
Canada Pension Plan	\$		
Disability insurance (other than CPP, WSIB)	\$		
Support payments	\$		
Trust fund income	\$		
Ontario Student Assistance Plan (OSAP)	\$		
Rental/boarder income	\$		
Borrowed money	\$		
Foreign Pension	\$		
Self-employment earnings	\$		
Other	\$		
	\$		

