

**Manitoulin-Sudbury District Services Board  
POLICY & PROCEDURES MANUAL**

Section: H. Ontario Works	Effective Date: July 1, 2009
Topic: 2. Application	Replaces: November 2004
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**POLICY**

Applicants can either apply in person at any of the Manitoulin-Sudbury DSB offices by manually completing an application form which is then faxed to our Intake Staff in Espanola or they can call the Head Office in Espanola and complete the initial interview over the phone with Intake Staff. The application can also be found on our website and faxed in to our Head Office.

The following documents are required for the application/verification interview:

- Birth Certificate for ALL family members
- Health Cards for ALL family members
- Social Insurance Cards for ALL adult family member
- current Rent Receipt
- current Heat and Hydro receipts
- landlord's name, phone number and address
- mortgage documents & property tax receipts
- bank books or statements for ALL accounts for the last six months
- recent pay stubs
- insurance policies
- divorce papers
- court orders
- separation agreements
- most recent school report cards for all children
- Deed for property
- immigration papers
- most recent income tax return
- vehicle registration

**PROCEDURE**

The application is completed directly in the Service Delivery Model Technology program. In the instance of a computer interruption or other extenuating circumstance, a manual application may need to be taken. The procedure listed below applies specifically to the manual form 0983(11/99) and differs somewhat from SDMT. However, the general information on each point is useful for completing an application directly into SDMT.

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The attached manual form is the basic application for Ontario Works and the Ontario Disability Support Plan (ODSP). It is a two part form, Part 1 is the Application for Financial Assistance, and Part 2 is Participation Agreement. This form is also used as an update report to assess ongoing eligibility.

## **HOME VISIT**

If the application must be taken at the client's home due to a disability or transportation problem input all data by phone from the client prior to the home visit; print out the form 1 and participation agreement, and bring it with you when you go to the home.

## **GENERAL**

- The use of "whiteout" is not permitted.
- Use a BLACK pen when completing a manual application form.
- This is a mandatory form under both the OW ACT and ODSP ACT.
- **the applicant, spouse and dependant adult must sign.**
- Indicate "None Declared" where applicable. Do not enter "N/A." If not known, indicate "NOT KNOWN." Do not leave blanks on the form as one could conclude that the question was not asked.
- Abbreviations should not be used on the form as this is a legal document. Exception: the abbreviations that currently exist on the Application Form.
- Any changes to information, e.g., errors or deletions at the time of application, must be initialed by both the applicant/participant and Case Manager.
- **No information may be added, or changes made to the form after it has been signed by the applicant/participant and Case Manager.**
- **Applicants must be questioned and respond to all sections of the form and all the individual details of the section must be covered in full.**

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- The response must be recorded accurately, the appropriate check mark to "Yes", "No", "Verified", "Not verified", **must** be recorded by the person completing the form.
- These points are guidelines, exceptions to be discussed with a supervisor or to be noted in SDMT notes.

## **PART 1: FINANCIAL ASSESSMENT**

### **APPLICATION FOR ASSISTANCE UNDER THE ONTARIO WORKS ACT/ODSP**

- Tick appropriate box to indicate whether this is an application or an update report.

### **PREVIOUS APPLICATIONS**

- Tick appropriate box yes or no.
- Indicate if OW or ODSP. If more than one, please note.
- Provide the location, date of last assistance, and amount.

### **SECTION 1 - CASE CLASS**

- Indicate "Program" applying for, e.g., OW, and "Category", e.g., inability to obtain employment, etc.

### **SECTION 2 - PERSONAL DATA - APPLICANT**

- Provide correct spelling.

### **BIRTH DATE**

- Provide day, month and year.
- Documentation **must** be present in the file to verify.

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- Verification must be one of the following: birth certificate, birth registration, baptismal certificate, passport, naturalization certificate, landing record, marriage certificate, military record, Bible record, confirmation certificate, hospital records, school records, 1996 census records, or Indian Band records.  
**Note:** Driver's License is **not** acceptable for birth verification.

### **MARITAL STATUS**

- Always record the status of the applicant at the time of application. Any documents pertaining to a divorce or separation **must** be on file, e.g., agreements, court orders, divorce judgments, certificate of divorce, etc...

### **OTHER/PREVIOUS NAME**

Indicate any alternate surnames, any other names participant is known by, in the space provided.

- Both male and female applicants must be asked this question.

### **ADDRESS**

- Give complete address including street address, apartment number, postal box rural route number, site number and municipality. Give mailing address if it is different from residence address.
- You must provide a postal code in all cases.

### **TELEPHONE NUMBER**

- Indicate if it is a message number. Always try to get a phone number.

### **SOCIAL INSURANCE NUMBER**

- Always record the applicant's number. Where a S.I.N. is not available, reasons must be noted.
- SDMT note must indicate that S.I.N. was visually verified.

**Note:** S.I.N. beginning with a "9" are subject to change.

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## **HEALTH NUMBER**

- Record the existing Health Number including the version number for the applicant. SDMT note must indicate that Health Card Number was visually verified.
- If an applicant has never had a Health Number, the applicant must apply for their own number.
- Clients applying from another province must obtain an Ontario Health Card within three months time. Obtain a copy of their previous province's card, and create a task to check in three months. If they have not obtained their card at that time, their cheque should be put on hold until they show you verification they have made an application for it.

## **EDUCATION**

- Indicate the highest level of education completed by the participant.

**NEXT OF KIN** (*It is very important that this section be completed as it is instrumental in follow-up of cases*)

- A relative living at another address who may be contacted in case of emergency. Record the relationship of this person to the participant, their name, address and especially their phone number.

## **SECTION 3 - SPOUSE**

### **NAME**

- Fully complete, spelling correctly. Only record if the spouse is part of the benefit unit. **Do not record a separated spouse here.** If no spouse is declared, "NONE DECLARED" is required.

### **OTHER NAME**

- Record any other name they may have used.

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## **SOCIAL INSURANCE NUMBER**

- Always record the spouse's number. SDMT note must indicate that S.I.N. was visually verified.
- Where a S.I.N. is not available, reasons must be noted in the SDMT notes.

## **HEALTH NUMBER**

- Record the health number and the version number for the spouse.
- SDMT note must indicate that Health Card Number was visually verified.

## **BIRTH DATE**

- Provide day, month and year.
- Copy of verification of the number **is required** on file.

## **EDUCATION**

- Record the highest level of education achieved by the spouse, e.g., "completed Grade 12".
- If the spouse is attending school, indicate the level which they are attending. Record name of school being attended.

## **Dependent(S) LIVING WITH APPLICANT**

- Only record those dependent children residing with the applicant.
- If no dependents are declared, the comment "NONE DECLARED" must appear.

## **NAME**

- Provide correct spelling, using the name(s) on the acceptable form of birth verification.

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### **BIRTH DATE**

- Record day, month, year.
- Copy of verification of the number **is required** on file.

### **SCHOOL NAME**

- The School attended and the grade that the dependent is in must both be recorded.
- **School Verification:** Up until the age of 16, the Ministry of Education is required by law to ensure that the child is attending school. As such, documentation related to school records for children under 16 years of age is not required.)

### **HEALTH NUMBER**

- Record the health number including the version number for the dependent.
- SDMT note must indicate that Health Card Number was visually verified.

### **Dependents NOT LIVING IN THE HOME**

- Write in “yes” or “no”. If “yes”, provide details.
- To be completed for a dependent who would qualify to be included in the applicant’s family unit, if that dependent returned home. (i.e. parent paying support)

### **OTHER PERSONS USING THIS ADDRESS**

- Provide name of person(s), reason for using this address (i.e. room #, apt #, living unit), and relationship of person to applicant.

### **SECTION 4 - LIVING CONDITIONS**

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- Room & Board = meals and accommodation.
- Roomer = accommodation only. Buys and prepares own food.
- If boarding, indicate the monthly amount. Indicate whether verified or not.
- A receipt for room and board or statement of how much the room and board will be, dated and signed by the landlord, SDMT note must indicate that receipt was visually verified.
- Indicate with whom the applicant is boarding, whether male or female and the relationship of that person to the applicant. If no relationship, indicate "**none declared**". Also record the effective date that the participant began boarding with this particular person.
- If the applicant is a sole support parent, indicate if this person lives with his/her parents. If the answer is yes, indicate if the parent(s) are beneficiaries of OW or ODSP.
- If living with Parents, please refer to Section 5 - 03

**Note:** This question must be asked even if applicant is not boarding.

- If the applicant is a sponsored immigrant, indicate if they live with their sponsor. If they do live with their sponsor indicate if the sponsor is a beneficiary of OW or ODSP.
- If renting indicate subsidized or unsubsidized, and the monthly amount. In OHC the rental agreement should be reviewed for the number of beneficiaries and non-beneficiaries included. The amount of rent on the OHC scale for OW recipients is the amount of rent to be used.
- A receipt for the rent or a statement of how much the rent will be, signed and dated by the landlord SDMT note must indicate that rent receipt was visually verified.
- Record the total rent even if sharing. In this case the rent receipt from the landlord of the apartment or the unit must be verified. A note from the sharer is not acceptable.



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- The name, address and telephone number of the landlord must be provided. If any of these details are not available at time of application, indicate **"to advise later"**. Missing information is to be noted in the Bring Forward Reason.
- It is the prerogative of the sharer or the person subletting to determine how much rent they will charge.

**Note:** Where two or more recipients or other parties who are determined **not** to be spouses, declare that they are sharing accommodation, each adult in the household is deemed to be responsible for an equal share of the shelter.

- Renters are to be asked if they have condominium fees or fire insurance coverage. Condominium fees and the premium cost of the insurance for contents can be allowed as part of the shelter calculation.
- Indicate if applicant must pay monthly utility costs and heating costs. Is the applicant on equal billing?
- Record if the applicant pays the total accommodation costs. If the answer is yes, record the amount paid by the applicant and the amount paid by the co-resident. Record the number of male and female sharers. The date that the applicant began to live with this co-resident(s) is to be recorded also.
- If the applicant owns his/her own home, provide the monthly amount of the mortgage payment. If the applicant has more than one mortgage, note the amount of each. Do not include any amount designated for life insurance on the mortgage. Indicate if visually verified.
- **Ask the purpose for each mortgage.** Payments for mortgage(s) borrowed for purposes other than purchasing a dwelling place or making necessary repairs for the property to continue to be a dwelling place (i.e. Consolidation of loans, repairs, etc.) are not to be considered shelter costs. (Must refer to ORIGINAL mortgage amount, not NEW amount).
- Estimated balance of mortgage(s) to be recorded.
- Name, address and telephone number of mortgage holder to be recorded for each mortgage.
- Record annual amount of taxes (indicate if included in mortgage), annual fire insurance premium, monthly utilities (i.e. hydro and water fees), and monthly

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heating costs. Indicate after each if they have been verified. They must be visually verified at time of application. If applicant unable to provide verification at time of application, hard copy should follow within one month and be placed on file.

- Indicate if applicant, spouse or dependent is in a hospital, nursing home or other institution. If so, provide name and address of institution, date of admission and expected date of discharge.

### **SECTION 5 - INCOME**

- Explain to the applicant that these questions apply to the applicant, spouse, and the dependents residing with the applicant.
- Explain to the applicant that **you must ask each question individually** and that many of these questions may not apply to their situation.
- **Applicants must answer each question yes or no.**
- If the answer is yes, record "yes", and indicate whether it is the applicant, spouse or dependent that is in receipt of the benefit, describe the benefit,(e.g. if Canada Pension Plan, is it a disability benefit or a survivor's benefit), the monthly amount received and if it has been verified.
- If the answer is no, but the applicant has applied for the income, indicate "No" and who has applied for the income and provide the date that the income was applied for.
- If an Assistance to Children with Severe Disabilities is to be paid to the participant on behalf of a dependent child, record the required details under "other".
- **Record that income was visually verified in SDMT note.**

### **SECTION 6 - CURRENT EARNINGS/TRAINING**

- Indicate for the applicant, spouse, and/or the dependent(s) the: gross income, net income (refer to tax tables when calculating the income), and whether it was verified or not.

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- Record Child Care expenses. Type of Child Care (i.e. licensed or unlicensed) must be indicated. Receipts **must** be provided to verify expenses.
- Last pay received should be noted in the SDMT notes.
- If there is no earned/ training income indicate **"none declared"**.

**SECTION 7 - HISTORY & CURRENT EMPLOYMENT** (past employment on manual form)

- Record all details of most recent and current employment.
- If the client QUILTS or LEAVES the job for whatever reason, they MUST supply a record of employment.
- Indicate in the SDMT notes if this does not correspond to the Record of Employment or any variance which comes out after an investigation with the employer.

**SECTION 8 - ROOMERS/BOARDERS**

- Indicate if it is roomer (room only) or a boarder (food and room provided) situation. Provide date boarder or roomer commenced living here.
- Provide further details: sex of roomer/boarder, name, relationship and amount of room/board received.
- Indicate if roomer/boarder is applicant or spouse's child, grandchild or foster child. If so indicate if they are a beneficiary of OW/ODSP, attending an educational institution, or without financial assistance. If yes, provide details (e.g. attends Cambrian College).

**SECTION 9 - ASSETS**

- The applicant must be questioned regarding each item individually and box Y (yes) or N (no) filled as appropriate. Indicate A (applicant) S (spouse) or D (dependent).

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- No entry in "Details" where "No" has been filled.

### **PERSONAL PROPERTY**

- Again explain to the applicant that you must ask each question and that some may not be applicable.
- Clarify that the question applies to the applicant, their spouse, and the dependent children.

1. Record cash on hand. However, do not take or count cash, ask the applicant how much they have on hand.
2. Record all open Bank and Credit Union Accounts including account number, branch, location and amount. Account information must be verified. Bank book must be updated within the past 30 days to be considered as verification. If this is not available at time of application, a hard copy of the verification must be put on file. Bank machine updates are not acceptable on their own as verification.

Review balances in bank for past 12 months to clarify any large deposits or withdrawals, also question any regular deposits or withdrawals.

Indicate if account is registered in participant's name only or if it is a joint account.

If the Application is being used to update participant's circumstances changes to accounts must also be noted and verified (e.g. closed accounts). - As per CVP Guide.

3. All bonds, shares, RRSP, RESP, term deposits and other securities must be listed and verified. The following details are required:
  - registration number
  - date of maturity
  - number of shares etc...
  - where held
  - for shares, report certificate number, date purchased, whether registered and where held.
  - For RRSP's and RESP's record the balance as appears on the most recent annual statements and give details.

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4. List all life insurance policies held by applicant, spouse and dependents. Indicate the name of the Insurance Company, the insurance policy number, the face value of the policy and the cash surrender value.

Documentation re: cash surrender value **must** be visually verified and noted.

5. For mortgage receivables, indicate the monthly payments made to the applicant and who makes the payment. List details of monies owing to the applicant/recipient and efforts to recover them (all loans, notes, etc...)
6. List all vehicles, i.e. cars, trucks, trailers, boats, motorcycles, all terrain vehicles, snowmobiles, etc. by make and year. Indicate if operational and value. List all farm equipment, machinery, skidders, logging trucks.

The ownership of the vehicle should be viewed and documented noting the name of the official owner of the vehicle.

**Note:** if any of the above are for sale, please indicate this.

7. If there is a Safety Deposit Box, record the contents.
8. Record valuables.
9. If there is a prepaid funeral, indicate the name of the funeral home and the amount (maximum \$5,000.00).
10. Record the amount and the terms if the money is held by the Official Guardian or the Public Trustee. Terms of the trust must be monitored.
11. Record the amount, the terms of the trust and the name of the trustee if the applicant, spouse, or dependent has a privately administered trust fund. Indicate if the trust was acquired by an inheritance.
12. Provide details regarding an interest held in any business in the last year, i.e. the name of the business, any assets (equipment, machinery, tools, bank accounts,)
13. Provide the details of any other personal property held by the applicant, spouse, and/or dependent including livestock such as cows, goats, pigs etc.

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## **REAL PROPERTY**

- Answer “yes” or “no”.

Real Property includes all real estate, of any type, owned by the applicant, spouse, or any dependent other than the principal residence of the applicant.

The information needed to complete this section can be found on the tax documents relating to the property. If these documents are not available, the information can be obtained from the municipality after the application is signed.

- If the property is unoccupied, the reason should be explained. Include also an outline of the applicant's intentions concerning the property, i.e. is it for sale or for lease?
- The current market value may be obtained from the Tax Assessments or Mortgage Documents.
- If a second piece of property is declared, see Section 4 - 02 AND Section 4 - 03 on Liens.

**Note:** Property jointly owned or occupied by a separated spouse must be listed under real property.

- Inquire if property is listed for sale, with whom and request copy of listing. Provide information in the SDMT notes and set up a task to review in 6 months.
- Deeds and/or mortgages for any property owned by applicant/recipient or beneficiaries including principal residence must be visually verified and noted.

## **DISPOSAL OF ASSETS**

- Indicate “yes” or “no”.
- Inadequate disposition of income: if the applicant, spouse or any dependent has transferred, sold, given or lost through quick claim or foreclosure, any real or personal property within the last three years, provide details in the Narrative. Also obtain Statement of Adjustments or any other documents as to verification of

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transfer. Also required will be verification as to the disposition of the proceeds received from the sale of the property/assets.

- If the applicant is receiving any maintenance or payment of any kind, e.g. cash, free rent, free use of income property etc. as a result of the transfer of property, supply detailed information.
- If the applicant/participant has disposed of a lump sum of money, the applicant/participant is to provide a comprehensive list summarizing expenditures. Case Manager will check the original receipts against the list.

### **ASSETS EXPECTED**

- Indicate “yes” or “no”.
- If any assets are expected, i.e. a lawsuit, an inheritance, or insurance claim pending, provide details i.e. the name of the lawyer handling the case, the name of the Executor of the estate, the name of the insurance company, the amount of money involved, and any other pertinent details.

### **SECTION 10 - OTHER FINANCIAL RESOURCES**

- Indicate “yes” or “no”.
- Provide as much detail as possible, i.e. name of lawyer, court application or FSW referral, name of sponsor, why has partnership broken down etc.

### **APPLICATION FOR OTHER TYPES OF INCOME**

- Indicate “yes” or “no”.
- Provide details such as type of income, date applied for and other pertinent information, i.e. claim number. Note again all other income applied for such as WSIB, EI, CPP, etc. Details of applications are recorded in Section 5 income.

**Note:** An assignment may be required on a potential source of income.

### **PREVIOUS SPOUSAL RELATIONSHIPS**

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- Tick appropriate box for both Applicant and Spouse.
- Record details in Section 14 (Additional Information), i.e. name of previous spouse, date they began living together, the date they separated and the status of the relationship (according to co-habitation policy)

**Note:** A Declaration of Support and Maintenance may be required.

### **SECTION 11 - SPECIAL ITEMS**

- Tick appropriate box.

### **SECTION 12 - STATUS IN CANADA**

- If the applicant, spouse or dependent(s) was born outside of Canada, record the name of the place they were born, arrival date, current immigration status and landing date. Documents relating to immigration **must** be on file for all applicants/recipients who are not yet Canadian Citizens.
- If born in Canada, the comment "BORN IN CANADA", or "BORN IN ACTUAL PLACE" (providing it is within Canada) must appear.
- List all places of applicant's residence within the past twelve months providing details re: street address, municipality and province.

**Note:**

1. If the participant has been a homeless person or transient for some time, simply record this as "transient" naming the city or the province. They would be eligible for basic allowance only (depending on family size) and NO shelter costs. See OW DIRECTIVE 30.0 - 21
2. The residence record should correspond with the work record. If it does not, ask for an explanation.

### **SECTION 13 - UPDATE REPORT**

- Complete this section only if doing an update.



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- Tick appropriate boxes. When the answer is yes, the pertinent details must be recorded.

#### **SECTION 14 - ADDITIONAL INFORMATION (SDMT NOTES)**

- Additional pertinent information to be noted in the SDMT notes.
- Also note in this section:
  1. Reason for application.
  2. Last income or means of subsistence. Details to include source of income, amount of income, date income received and period covering.
  3. Willingness to pursue support and attempts to obtain support, if applicable.
  4. Record all debts over \$500. In the case of future windfall or lump sum payments, monies owing will have been already documented. Visual verification of debts to be noted in SDMT notes.
  5. Yearly income tax assessments must be visually verified and noted where applicant/participant has filed. Clients, who have not filed, should be advised to in pursuing all avenues of support.

#### **FORMS, DOCUMENTS, CERTIFICATES TO FOLLOW**

- Forms, documents, certificates which are not available at time of application and which the applicant/participant must provide are to be noted here.

#### **SECTION 15 - DECLARATION**

- **Must be read and explained to applicant/participant(s).** They must be made aware what it is they are signing or giving consent to.

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- **Applicant and spouse must read application prior to signing.** If the Case Manager knows or suspects the applicant/participant cannot read, he/she should read the APPLICATION to the person.
- The applicant/participant should be asked if they wish to make any changes on the form.
- The applicant/participant should be made aware that the declaration has the same authority as if made under oath.
- Always have the APPLICATION signed by both spouses if they are applying as a family.
- When an applicant/participant is unable to write his or her name and must make a mark, follow this example:
  - Applicant / participant to make his/her mark "X" in signature field.
  - Write "His/Her Mark" beside the Mark and print applicant's/participant's name beside the mark.
  - Case Manager to witness the mark with his/her signature. If a third party is present, they should sign as a witness as well.
  - **Example:** "X" "His Mark" John Doe as witnessed by George Smith
- **The "Commissioners" stamp** is placed below the signature of the Case Manager on all documents. It **must be used at the time of application** when witnessing the applicant and spouse's signatures, i.e. only after the applicant(s)/participant(s) has affixed his/her signature.

**NOTICE WITH RESPECT TO THE COLLECTION OF PERSONAL INFORMATION (FIPA)**

- To be explained to the applicant/participant(s)
- To be initialed by the applicant/participant(s) when the application is complete