



## REQUEST FOR EXTENDED HEALTH BENEFIT

### PARTICIPANT DETAILS

Name:	Member ID:
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### DEPENDANTS AND OTHER PERSONS LIVING WITH YOU

First and Last Name:	Relation to you:

### MONTHLY LIVING EXPENSES

Rent	Room & Board	Mortgage	Taxes
Fire Insurance	Fuel	Utilities	

### VERIFICATION OF INCOME & ASSETS *(Please see reverse of this form for complete list of income & assets)*

Name of Person w/Income or Asset	Type of Income or Asset	Amount of income per month	Value of asset

### TOTAL COST OF PRESCRIBED MEDICATION, MEDICAL SERVICES

Please attach applicable receipts for prescribed medication and items
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I hereby request the extended health benefit granted to me under the Ontario Works Act. I declare that to the best of my knowledge and belief that I am eligible for such assistance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Examples of sources of income include, but are not limited to:**

- earnings, full or part-time, including babysitting
- self employment or farm income
- training allowances - Ontario Student Assistance Program (OSAP)
- roomer or boarder income - support for the child/spouse/same-sex partner
- sponsorship payments - Employment Insurance Benefits
- W.S.I.B. (WCB) Benefits - War Veterans' Allowance
- all pensions - sale of assets
- interest or dividends - legal settlements
- money owed to you or loans from any source
- inheritance or lotteries
- insurance or accident claims - compensation for victims of crime.

**1. Report your Living Arrangements and Other Changes**

- your address or phone number changing
- your rent or any other home cost changing
- the number of your dependants who leave school, return to school, or start work; or leave or return home
- the number of people in your household changing
- you, your spouse/same-sex partner or any of your dependants being admitted to a hospital or any other institution
- you, your spouse/same-sex partner or any of your dependants planning to leave the Municipality/Region.

**2. Report all Assets**

An asset is anything that can be converted into cash. Examples are:

- money in bank accounts - a second property or real estate you own
- investments (RRSPs, GICs, stocks, bonds) - additional vehicles
- cash surrender value of life insurance - collections or valuable items you own
- open or close a bank account - sell or transfer any of your old assets
- buy any new assets - borrow money

**EXTENDED HEALTH BENEFITS MAY INCLUDE THE FOLLOWING:**

- drug coverage;
- dental and vision care for dependent children;
- diabetic supplies, surgical supplies, dressings;
- medical transportation;
- consumer contribution for an assistive device and eligibility assessment under the Assistive Devices Program;
- batteries and necessary repairs for mobility devices;
- the new mandatory eye exam benefit

**Recipients of Extended Health Benefits do not qualify for other benefits such as: winter clothing, back-to-school, community start-up, employment and training start-up, or up front child care.**