



DISTRICT OF COCHRANE SOCIAL SERVICES ADMINISTRATION BOARD
LE CONSEIL D'ADMINISTRATION DES SERVICES SOCIAUX DU DISTRICT
DE COCHRANE

REQUEST FOR DISCRETIONARY BENEFITS / HPP (Ontario Works ONLY)

NAME: _____ MEMBER ID: _____

ADDRESS: _____ WORKER NAME: _____

TELEPHONE/EMAIL: _____

Reason for Request:

Item(s) requested: (May attach separate sheet of paper)

Signature: _____ Date: _____

Attach Estimates

FOR OFFICE USE ONLY

Case Manager's Recommendation/Notes to support decision:

Signature (Case Manager) _____ Date _____

Program Manager's Decision

Benefit Denied: Reason: _____

Benefit Approved: Disc. HPP Amount _____

Signature (Program Manager) _____ Date _____

Vendor details:

Amount Issued: \$ _____ Cheque Number: _____

SHELTER EXPENSES THAT ONTARIO WORKS WILL CONSIDER INCLUDE:

- 1) Last month's rent (intent to rent **MUST** be included with this request).
- 2) Rent arrears (notice of eviction **MUST** be included with this request).
- 3) Hydro and gas arrears (disconnection notice **MUST** be included with this request. Client must also request help through the LEAP program by contacting 1-855-487-5327 – this program will assist up to \$600.00).

OTHER ITEMS THAT ONTARIO WORKS WILL CONSIDER INCLUDE:

- 1) *Fridge (quotes from second hand stores)
- 2) *Stove (quotes from second hand stores)
- 3) *Table and chairs (quotes from second hand stores)
- 4) *Beds (single and double beds only – according to benefit unit size)
- 5) *Safety approved crib/mattress (one-time benefit)
- 6) Toaster
- 7) Kettle
- 8) *Moving expenses
- 9) Medical forms not covered under OHIP

*** NOTE: 3 estimates must be provided.**