



ONTARIO COALITION AGAINST POVERTY

157 Carlton Street, Unit 206

Toronto, Ontario

M5A 2K3

Phone: 416-925-6939

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Community Start Up & Maintenance Benefit: Request Form

DATE: _____ NAME: _____

ADDRESS: _____ PHONE: _____

MEMBER ID: _____ OW or ODSP OFFICE: _____

D.O.B.: _____ CASE MANAGER: _____

- I have not received Community Startup Benefit within the past 24 months.
- I have received Community Startup Benefit within the past 24 months but I did not receive the full amount.
- This is an exceptional circumstance (see reverse).

Reason for request:

- Recently discharged from an institution
- Leaving a situation which is harmful to my health or welfare
- Being evicted from my current residence
- Outstanding utility or heat bills
- Items needed to maintain my home
- Bed bugs, flood, or other disaster
- I am currently homeless and in need of support to obtain housing

Comments: _____

Items you are requesting help with:

ITEM	AMOUNT
<input type="checkbox"/> Moving Expenses	\$ _____
<input type="checkbox"/> Last Month's Rent	\$ _____
<input type="checkbox"/> Telephone Deposit	\$ _____
<input type="checkbox"/> Utilities/Heat	\$ _____
<input type="checkbox"/> Clothing (please list items on next page)	\$ _____
<input type="checkbox"/> Furniture (please list items on next page)	\$ _____
<input type="checkbox"/> Other (please list items on next page)	\$ _____

Signature: _____ **Total Requested:** \$ _____

Items Details (from previous page):

Clothing items:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Furniture items:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Other items:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Exceptional Circumstance:

Consent for Third Party advocates

I, (print your name) _____, hereby authorize the **Ontario Coalition Against Poverty** (OCAP) to represent me in any and all dealings with ONTARIO WORKS / ODSP. I direct you to release all documents, files, and any other relevant information regarding my case to the Coalition.

Signed: _____

Witness: _____

Date: _____