

**Consent to Disclose and Verify
Personal Information***Ontario Works Act, 1997**Ontario Disability Support Program Act, 1997*

1. I/We, _____
Full name of applicant/recipient (last name, first name)
- _____
- Name of spouse (last name, first name)
- _____
- Name of dependent adult (last name, first name)

consent to the collection of personal information by, and the release of personal information to, an authorized representative of: Ontario Works delivery agent

the Ministry of Children, Community and Social Services

for the purpose of determining or verifying my/our initial and ongoing eligibility for social assistance and administering my/our social assistance.

2. Without restricting the generality of the consent in section 1, I/we specifically consent to the release of personal information relating to any bank account, safety deposit, assets of any nature or kind whatsoever held by me/us or on my/our behalf or by or on behalf of any of my/our dependent children or children temporarily in my/our care, alone or jointly with any other person, in any financial institution.
3. I/We further consent to an authorized representative of an Ontario Works delivery agent, or the Ministry of Children, Community and Social Services, disclosing to any party personal information about me/us, any of my/our dependent children or children temporarily in my/our care, for the purpose of determining or verifying my/our initial and ongoing eligibility for social assistance and administering my/our social assistance.
4. I/We further consent to personal information being collected from and/or disclosed to an Ontario Works delivery agent, or the Ministry of Children, Community and Social Services, or the Government of Canada, the government of any other province or territory, the Government of Ontario, a ministry or department of any of the foregoing, or any agency or any party in order to verify information for the purposes of determining or verifying my/our initial and ongoing eligibility for social assistance and administering my/our social assistance.
5. I/We understand that this consent will apply to inquiries made relating to my/our initial eligibility for, as well as my/our past and ongoing receipt of, social assistance. I/We further understand that the inquiries may take the form of electronic data exchanges.

I have read or had read to me and understand the consent set out above.

Signature/mark of applicant/recipient or person
applying on behalf of applicant/recipient

Witness

Date (yyyy/mm/dd)

I have read or had read to me and understand the consent set out above and I join in this consent.

Signature/mark of spouse of applicant/recipient

Witness

Date (yyyy/mm/dd)

Signature of dependent adult

Witness

Date (yyyy/mm/dd)

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)
(Municipal Freedom of Information and Protection of Privacy Act)

This information is collected and may be disclosed to the Government of Canada or to another government under the legal authority of the *Ontario Disability Support Program Act, 1997*, sections 5, 10, 45, 46 & 53 or the *Ontario Works Act, 1997*, sections 7, 8, 15, 57, 58 & 71 for the purpose of administering Government of Ontario social assistance programs and/or conducting research. For more information contact

_____ at _____, in your local Ontario Works or ODSP office.

Notice is given that information is collected from the Canada Revenue Agency with respect to your receipt of the Canada Child Benefit and the Ontario Child Benefit.