Social
Benefits
Tribunal

Appeal Form

Questions?

Toronto:
(416) 326-0978

Outside Toronto:
1-800-753-3895

Fax:
(416) 326-5135

Mail to:
Registrar
Social Benefits Tribunal
1075 Bay Street, 7th Floor
Toronto ON
M5S 2B1

Please attach copies of the following to this form:

- the original **Notice of Decision**
- your **request for an internal review** and
- the **Internal review decision** (if you received one).

Disponible en français.

Office Use Only

File number _____

Date post-marked _____

Before you can appeal to the Tribunal, you must request an internal review by the office that made the original decision.

1. General Information

☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Last Name _____

First Name _____

Address _____

_____ Apartment _____

City _____ Postal Code _____

Telephone ( ) _____

- When were you born?

_____ / _____ / _____
Day / Month /Year

- Which ☐ Ontario Works or ☐ Ontario Disability office do you deal with?

Office name _____

Office address _____

Case worker's name _____

Case worker's telephone ( ) _____

2. Internal Review

- What is the date of your Notice of Decision?

_____ / _____ / _____
Day / Month /Year

- When did you make your request for an internal review?

_____ / _____ / _____
Day / Month /Year

- Did you receive an internal review decision?

☐ Yes

☐ No

Important: If you do not attend your hearing and fail to provide a reasonable explanation for you absence, your appeal will be denied. In addition, you will not be allowed to appeal a subsequent decision on the same issue for two years.

The Social Benefits Tribunal does not have the authority to review all social assistance decisions. We will advise you in writing of the reasons if your appeal cannot be heard.

You must file your appeal within 30 days of the end of the internal review period. If you do not do so, you must explain why you were late filing. The Tribunal may extend the time for filing this appeal, if it is satisfied that there is a reasonable explanation for the delay.

3. Your Reasons for Appealing

- What are you appealing?

☐ Ontario Works

☐ Ontario Disability Support Program (disability, seniors or children with severe disabilities).

- Why are you appealing? Check **all** the boxes that apply to you.

☐ I was refused assistance.
☐ My assistance has been reduced.
☐ I have an overpayment.
☐ The amount of my assistance is wrong.
☐ My assistance has been cancelled.
☐ My assistance is on hold.
☐ They say I am not disabled.

- What is the effective date of the decision you are appealing?

_____ / _____ / _____
Day / Month /Year

- You **must** explain **what** you disagree with in the original decision and **why**. Use the space below and attach additional pages if necessary.

- Will you need any of the following services at the hearing?

☐ Interpreter: Language _____ Dialect _____

☐ Sign language interpreter ☐ Wheelchair access

Signature _____ Date _____

The Social Benefits Tribunal collects the personal information requested on this form under the *Ontario Works Act, 1997* or the *Ontario Disability Support Program Act, 1997*. It will be used for the purpose of conducting the appeal and will be shared with the respondent. If you have any questions, please contact the FIPP representative at the Tribunal at 1-800-753-3895.

This completes the appeal section. If you are experiencing financial hardship, see section 4 on Interim assistance.

Interim assistance is financial help you may be eligible to receive while waiting for your appeal to be concluded.

The Tribunal may order that you receive interim assistance if you will experience financial hardship as a result of the original decision made by your local office. To assess your request for interim assistance, the Tribunal requires detailed financial information.

You will be notified in writing of the Tribunal's decision regarding interim assistance.

Note: If you lose your appeal, your interim assistance shall be assessed as an overpayment.

4. Application for Interim Assistance

- Describe your household. How many people, including yourself, have you applied on behalf of?

  _____ adults _____ children

- Check the box beside those sentences that best describe you situation.
  - ☐ I am looking for work.
  - ☐ I am in an employment assistance program.
  - ☐ I am attending school ☐ full-time ☐ part-time ☐ high school ☐ college ☐ university ☐ other.
  - ☐ I am under 18 and cannot live at home.
  - ☐ I am working, but earn less than the Ontario Works entitlement.

- Are you receiving any money at all? ☐ Yes ☐ No

- If you live with your spouse/same-sex partner, is he/she receiving any money? ☐ Yes ☐ No

- If you or your spouse/same-sex partner are receiving money, please provide details of your household income below. Include the amount you receive, when you last received it and how often you receive this income.

Type of Income	Amount	Date Last Received	Weekly, Monthly, or Other (Specify)
Example: Income A	**$ 100.00**	**June 1**	**Monthly**
Earnings from a job	$		
Vacation pay	$		
Ontario Works (OW)	$		
Ontario Disability Support Program (ODSP)	$		
Workplace Safety & Insurance Benefits (WSIB)	$		
Employment Insurance	$		
Canada Pension Plan	$		
Disability insurance (other than CPP, WSIB)	$		
Support payments	$		
Trust fund income	$		
Ontario Student Assistance Plan (OSAP)	$		
Rental/boarder income	$		
Borrowed money	$		
Foreign Pension	$		
Self-employment earnings	$		
Other	$		
	$		

- Will you be receiving any money next month that you have not already listed?
  ☐ Yes What type? _____ Amount $ _____
  ☐ No

- Provide the details below of the assets you or any member of your household have.

Bank accounts (personal and business)	$ _____
Stocks, bonds, GICs	$ _____
RSPs	$ _____
Land or property other than your home	$ _____
Other (specify)	$ _____

- How much money do you pay each month for:

Rent	$ _____
Mortgage	$ _____
Property taxes	$ _____
Room and board	$ _____
Heat	$ _____
Electricity	$ _____
Water	$ _____
Food	$ _____
Other (specify)	$ _____

- Are you behind in any of your payments or unable to pay these expenses?
  ☐ Yes What expenses have you been late paying or unable to pay? _____
  ☐ No

- Have you received an eviction notice or notice that your electricity or other service will be shut off?
  ☐ Yes Provide details _____
  ☐ No

- Please provide any additional information that you feel the Tribunal should know regarding your financial circumstances.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature _____ Date _____

The Social Benefits Tribunal collects the personal information requested on this form under the *Ontario Works Act, 1997* or the *Ontario Disability Support Program Act, 1997*. It will be used in determining interim assistance. If you have any questions, please contact the FIPP representative at the Tribunal at 1-800-753-3895.