



**KIASHKE ZAAGING
ANISHINAABEK**

GULL BAY FIRST NATION
Social Services
General Delivery
Gull Bay, ON
P0T 1P0

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Benefit Application Form for Ontario Works

Name of Applicant:	
Are you currently in receipt of:	<input type="radio"/> Ontario Works <input type="radio"/> ODSP <input type="radio"/> Other
What benefit are you requesting?	<input type="radio"/> Health Benefits (For persons on social assistance who requires mandatory health benefits) <input type="radio"/> Advanced Up Front Child Care (For persons who require child care assistance to be paid in advance to permit employment) <input type="radio"/> Transition Child Benefit (For persons who are on social assistance who are not receiving the Ontario Child Benefit or National Child Benefit Supplement) <input type="radio"/> Full Time Employment Benefit (For persons who have been on social assistance for more than 3 months and have gained full time employment) <input type="radio"/> Other Employment and Employment Assistance Activities Benefit (For persons on social assistance beginning a part time job or are changing duties in their current job) <input type="radio"/> Discretionary Health and Non Health Related Benefits (May be provided on a case-by-case basis for special services, items or payments based on verifiable need and where failure to provide the service may result in the detriment to the health of the recipient or member of the benefit unit and in accordance to Gull Bay First Nation Discretionary Policies) <input type="radio"/> Transitional Support Fund (This fund may be provided on a case-by-case basis to persons who are threaten with loss of shelter, loss of required utilities and/or heating, living in unsafe or unhealthy housing conditions, must move to secure employment, undertake education, escape domestic violence, or need shelter supports that cannot be met any other means and in accordance to Gull Bay First Nation Transitional Support Fund)

Reason for Request:

Explain:

Verification Attached (documentation to support issuance) For example: Doctor or professional note, estimates, etc.

Yes

No

Amount Requested \$

Applicant Signature: _____ Date: _____

IN OFFICE ONLY

For in office only:	<input type="radio"/> Approved
	<input type="radio"/> Denied
	Reason for Denial: _____ _____ _____
Amount Issued:	\$ _____
Cheque Payable to:	
Cheque Amount:	
Cheque Number:	