

GULL BAY FIRST NATION Social Services General Delivery Gull Bay, ON POT 1P0 Phone: 807.982.0006 Toll Free: 1.855.982.0006 Fax: 807.982.0009

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## Benefit Application Form for Ontario Works

Name of Applicant:				
	O Ontario Works			
Are you currently in receipt of:	O ODSP			
	O Other			
What benefit are	O Health Benefits (For persons on social assistance who requires mandatory health benefits)			
you requesting?	Advanced Up Front Child Care (For persons who require child care assistance to be paid in advance to permit employment)			
	O Transition Child Benefit (For persons who are on social assistance who are not receiving the Ontario Child Benefit or National Child Benefit Supplement)			
	O Full Time Employment Benefit (For persons who have been on social assistance for more than 3 months and have gained full time employment)			
	O 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)			
	O 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)			
•	O 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)			

	Explain:		
Reason for			
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Verific	ation Attached (a	documentation to support	YesO
issuance) For example: Doctor or professional note,			No O
		estimates, etc.	
Amount Requested			\$
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Applicant Signature:			Dafe:
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