

## Request for Special Support Funding

For help completing this form, please call 905-546-2590

Please print clearly and use pen if filling out printed version.



Hamilton

Healthy and Safe Communities

The following are not eligible for Special Support Funding: Sponsored immigrants, those who have refugee status, those who are self-employed, those who reside in homes for special care, hospital, or chronic or long-term care facilities. **Special Supports does not reimburse for items already purchased.**

### Applicant Information

**Marital Status:** Married: ☐ Single: ☐ Separated: ☐ Divorced: ☐ Widowed: ☐ Common Law: ☐

**Last Name:**

**First Name:**

**Middle Name:**

**Email:**

**ADDRESS: Street:**

**Apt. Number:**

**City:**

**Province**

**Postal Code:**

**Telephone:** ( ) -

**Date of Birth:**  
(dd/mm/yyyy)

**Health Card Number:**

**Social Insurance Number:**

### Partner/Spouse Information

**Last Name:**

**First Name:**

**Middle Name:**

**Date of Birth:**  
(dd/mm/yyyy)

dd mm yyyy

**Health Card Number:**

**Social Insurance Number:**

### Emergency Contact

**Last Name:**

**First Name:**

**Middle Name:**

**Relationship to person applying for funding**

**Telephone:**

### Dependents under 18 living in the home

Last Name	First and Middle Names	Date of Birth (dd/mm/yyyy)	Health Card Number

### Status in Canada

If born outside of Canada, please provide the following and attach a copy of your "Record of Landing":

	Place of Birth	Date of Arrival in Canada (dd/mm/yyyy)	Current Status	Landing Date (dd/mm/yyyy)
Applicant				
Partner/Spouse				
Dependent(s)				

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Are you, your partner/spouse and/or dependents sponsored immigrants? YES ☐ NO ☐Do you, your partner/spouse and/or dependants have refugee status? YES ☐ NO ☐Are you self employed? YES ☐ NO ☐Do you reside in a home for special care, a hospital or a chronic or long-term care facility? YES ☐ NO ☐Are you currently getting income from any of the following sources? (*check all that apply*)Employment ☐ Pension ☐ Employment Insurance (EI) ☐ Ontario Works ☐ ODSP ☐

Annual Income			
	Applicant (person applying for funding)	Partner / Spouse	Total Net Income
Line 23600 Net Income*	\$	\$	\$

\* **Line 23600 Net Income** is available from your latest *Notice of Assessment* or *Proof of Income Statement* issued by the Canada Revenue Agency (CRA).

If you do not have a copy of either your *Notice of Assessment* or *Proof of Income Statement*, contact CRA to request a *Proof of Income Statement*. You can reach CRA through the following methods:

- telephone at **1-800-959-8281** press #2 and then #1. Persons will be asked for their SIN and Total Income (Line 15000) from their most recently filed Tax Return;
- online at <https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals.html> and go to "My Account"

Special Supports benefits may be available to Hamilton residents whose Net Income is less than the amounts shown below. *If your Total Net Income (applicant + partner/spouse) is more than the amount shown below, you will not qualify for City of Hamilton Special Supports benefits.*

**Current Statistics Canada Low-Income Measurement (LIM)**

<u>Family Size</u>	<u>Income Amount</u>
1	\$26,570
2	\$37,576
3	\$46,021
4	\$53,140
5	\$59,412
6	\$65,083
7	\$70,298
8	\$75,151
9	\$79,710
10	\$84,022

Please tell us what items you require. Provide as much detail as you can. (*Information on what items may be covered by Special Supports is available at [www.hamilton.ca/specialsupports](http://www.hamilton.ca/specialsupports) or in the Special Supports brochure.*)

Are you or your dependents covered by a health plan?

Yes ☐ No ☐

If yes, name of insurance company: \_\_\_\_\_

Accident Information: *(Complete only if request for support is the result of an accident)*

Was work being done for an employer at the time of accident?

Yes ☐ No ☐

Has claim been reported to Workplace Safety and Insurance Board (WSIB)?

Yes ☐ No ☐

Date of Accident: (dd/mm/yyyy)

Other details: \_\_\_\_\_

## Declaration

1. I declare that the information I have given on this application form is true and correct to the best of my knowledge and no information required to be given has been concealed or omitted.
2. I give the City of Hamilton permission to verify the information that I have given and consult third parties as required.
3. I understand and agree that if any of the information is false, this application will automatically be denied.
4. I will advise the City of Hamilton of any changes to the information outlined in this application.
5. I understand that completing and submitting this application form to the City of Hamilton does not guarantee that assistance will be provided.
6. I understand that the City of Hamilton does not assume any liability and shall not be responsible in any way for any inconvenience, delay, alteration, cancellation, expenses, loss, death, injury, damages, information disclosure or otherwise suffered or incurred by any applicant or person in connection with this program or any part of it.
7. I understand that any personal information or personal health information collected from or about OW/ODSP clients will be used to determine eligibility of benefits and continued management of those programs. The City of Hamilton collects this information under authority of Section 1 of the Ontario Works Act, 1997, S.O. 1997, c. 25, Sched. A.
8. I understand that my personal information may be shared with medical professionals and/or the City of Hamilton's approved vendor to determine eligibility and/or to provide the items requested.
9. I understand that Special Supports Program does not reimburse for items purchased or services received without prior approval. If eligible for the item or service, I will receive an approval letter in the mail providing further information about getting the approved item or service.
10. I understand that questions about the program and collection of my personal information can be directed to the Manager of the Special Supports Program, Ontario Works Division, 1550 Upper James St Unit 14A, Hamilton, Ontario L9B 2L6  
Phone: 905-546-2590 Email: support@hamilton.ca

Date:

(dd/mm/yyyy)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of spouse/partner (if applicable)

\_\_\_\_\_  
Signature of witness or interpreter

Signature of witness is only required if applicant or spouse signs with an X mark

## MAILING INSTRUCTIONS

Please enclose the following in an envelope and mail to the address provided below:

- This completed application; **and**
- The most recent *Notice of Assessment* **or** *Proof of Income Statement* from Canada Revenue Agency for you and your spouse/partner; **and**
- A letter of assessment from a health care professional

Mail to: **City of Hamilton, Special Supports Program, 1550 Upper James St., Unit 14A, Hamilton, ON L9B 2L6**

Notice with respect to the collection of personal information pursuant to Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and Personal Health Information Protection Act, 2004 (PHIPA)). This information is collected under the authority of the Municipal Act, 2001. The information will be used for the purpose of administering the City of Hamilton Special Assistance Programs, including for the purposes determining eligibility and program development.

For more information contact the Special Supports Program, City of Hamilton at 905-546-2590.