



Please print

		Reference no. (for office use only)			
Last name	First name	Date of birth	day	mo.	year
Address (number, street, apartment number or rural route)					
City, Town		Postal Code	Telephone Number ()		
What is your worker's name?			What is your worker's caseload number?		

Why do you want an internal review? Please check one box.

- I was refused basic financial assistance.
- My basic financial assistance has been suspended.
- My basic financial assistance has been reduced.
- My basic financial assistance has been cancelled.
- An overpayment has been set up on my case file.
- I was refused an additional benefit or I disagree with the amount provided.

What is the date on the letter telling you about the decision? day mo. year

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Why do you disagree with the decision?

An internal review is supposed to be requested within 30 days from the day you receive the letter telling you about the decision. The letter should tell you the last day your internal review request was to be made. If it is now past that date, please explain why you could not make your request earlier. The time to request an internal review will only be extended in exceptional circumstances.

You will be told whether or not the time to request an internal review will be extended.

Please sign this form and mail it or drop it off at the Ontario Works office where the decision you disagree with was made.

Signature _____ Date (dd/mm/yyyy) _____

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 under the legal authority of the *Ontario Disability Support Program Act, 1997*, sections 5, 10, 45 & 46 or the *Ontario Works Act, 1997*, sections 7, 8, 15, 57 & 58 for the purpose of administering Government of Ontario social assistance programs. For more information contact

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