

Instructions

- Please print clearly
- Where to send form
 1. Look at the letter that told you about the decision you disagree with.
 2. Mail or fax it to the address that appears at the top of the letter.

Last Name	First Name
Date of Birth (dd/mm/yyyy)	Member I.D. (9-digit)

What type of decision do you want reviewed?

☐ My application for income support was denied

☐ My income support has been stopped

☐ My income support has been reduced

☐ An overpayment has been set up on my case

☐ I was refused an additional benefit or I disagree with the amount provided

☐ I disagree with a decision made by the Disability Adjudication Unit

☐ My ODSP Employment Supports file was put on hold or closed

☐ I have been deemed ineligible for ODSP Employment Supports

☐ Other (explain) _____

What is the date on the letter that told you about the decision? (dd/mm/yyyy) _____

Why do you disagree with the decision? (optional) If you have information that you think will help with the review, please explain it here and attach any documents to this form (e.g., receipts, additional medical information, etc.)

You must request an internal review within 30 days of receiving the decision letter. If more than 30 days have passed, **please explain why you needed more time**. If the reason your request was late was for reasons beyond your control, we may do an internal review even if the deadline has passed.

Signature	Date (dd/mm/yyyy)
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Notice with Respect to the Collection of Personal Information
(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, 32, 33, 36, 45 & 46 for the purpose of administering Government of Ontario social assistance programs.

For more information contact _____ at () _____
in your local ODSP office.