



ODSP Contact Information

119 King Street West, Hamilton, Ontario L8P 4Y7

General Inquiries Phone: 905-521 7280
Fax: 905-546-8284

OW Contact Information

- 250 Main St. East, Hamilton, ON L8N 1H6
- 1550 Upper James Unit 14A, Hamilton, ON L9B 2L6
- 2255 Barton St. East, Unit 3&4, Hamilton, ON L8H 7T4
- 181 Main St. West, 3rd Flr., Hamilton, ON L8P 4S1
- 350 King St. East, Unit 110, Hamilton, ON L8N 3Y3

General Inquiries Phone: 905-546-4800

Fax: 905-546-2877
Fax: 905-546-1018
Fax: 905-540-6344
Fax: 905-546-2828
Fax: 905-546-3401

Recreation Contact Information

28 James St North - 3rd Floor

Fax: 905-546-2338

General Inquiries Phone: 905-546-3747

**CONSENT TO COLLECT, USE AND DISCLOSE
SOCIAL ASSISTANCE VERIFICATION INFORMATION**

Consent to Collect, Use and Disclose Information (completed by the client)	
I, _____ (client name) give my consent to my Ontario Works (OW) or Ontario Disability Support Program (ODSP) case manager to complete the social assistance verification information portion of this form and to fax this form to my Housing Provider or the City of Hamilton Recreational Department Representative listed below: <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
Client Signature _____	Date _____
This Consent is valid for 30 calendar days from the date it is signed, unless I cancel it before the 30 calendar days have ended. A new Consent is required if I cancel this Consent or the 30 calendar days have ended.	
Purpose of the Consent (completed by the client)	
<input type="checkbox"/> _____ (Housing Provider name) requires this information to establish eligibility for rent-geared-to-income assistance in accordance with the <i>Housing Services Act, 2011</i> and its regulations.	
<input type="checkbox"/> City of Hamilton Recreation Department requires this information to establish eligibility for its recreation subsidy in accordance with income threshold criteria.	
Social Assistance Verification Information (completed by the OW or ODSP case manager)	
The client is currently receiving OW or ODSP. The following are the client's spouse and/or dependents (name(s) and dates of birth(s)): 	



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This client(s) currently receives:

_\$ _____ Basic Needs

_\$ _____ Shelter Allowance

****Amounts do not need to be filled in for Recreation Fee Assistance.

To the OW or ODSP case manager: if consent is given please fax the completed form to:

_____ (name of the Housing Provider or the City of Hamilton
Recreation Department Representative)

_____ (fax number)

OW or ODSP Case Manager Name: _____

Case Manager Signature: _____

Contact Number _____

[Empty box for Housing Provider / City Department Information]

Housing Provider /City Department Information

Address, phone number and email

NOTICE:

The information on this form is collected under the legal authority of s. 227 of the *Municipal Act, 2001*. The information will be used for the purpose of administering rent-geared-to-income assistance or for the purpose of administering a recreation subsidy. Any questions about the collection should be directed to: Tammy Morasse at (905) 546-2424 ext. 3727.