Ontario

Ministry of Community and Social Services

Ontario Disability Support Program

Request for Internal Review

Reference no. (for office use only)

Please print

Mr. Ms Miss Mrs.

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 income support.
- ☐ My income support has been suspended.
- ☐ An overpayment has been set up on my case file.
- ☐ My income support has been cancelled.
- ☐ My income support has been reduced.
- ☐ I was refused an additional benefit or I disagree with the amount provided.
- ☐ Other; explain _____

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

Why do you disagree with the decision? If you have additional information to give the office, please explain it here or attach copies of any documents to this form.

An internal review is supposed to be requested within 10 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 to the Ontario Disability Support Program (ODSP) office where the decision you disagree with was made.

Signature | Date