

What This Form Is for

This form is your chance to tell us about how your disability affects your life.
You do not have to fill out this form – it is your choice.
We encourage you to fill it out so we can better understand your situation.
This form is **confidential** and we only use it to understand your disability.

How to Fill out This Form

1. Answer the questions that apply to you or that you want to answer. All questions are **optional**.
2. Return it with the rest of your forms to the Disability Adjudication Unit.
3. If you need help with the questions, you can ask someone to help you.
4. If you cannot answer the questions yourself, you can ask someone to complete the form for you.

Here are some **examples** of people you might ask for help with this form:

- parent or other family member
- friend
- social worker
- peer support worker
- community mental health worker
- adult protective service worker
- counsellor or therapist
- occupational therapist
- nurse

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 and 10, for the purpose of administering the Ontario Disability Support Program (ODSP). For more information about the collection of personal information, contact the Client Service Advisor at the Ministry's Disability Adjudication unit:

By telephone (collect calls will be accepted)

City/Town	Telephone Number	Teletypewriter (TTY)
Within the Greater Toronto Area	416-326-5079	416-326-3372
Outside the Greater Toronto Area	1-866-256-6758	1-866-780-6050

By writing

Ontario Disability Support Program
Disability Adjudication Unit
Box B18
Toronto ON M7A 1R3

By fax: 416-326-3374

If you appeal the decision about your disability, all medical information provided to the Disability Adjudication Unit will be released to you, your legal representatives, and the Social Benefits Tribunal.

Recipient Information

Member ID		Referral ID		Date of Birth (dd-mm-yyyy)	
Last Name			First Name		Middle Initial
Address					
Unit Number	Street Number	Street Name			
City/Town			Province		Postal Code

1.How Your Disability Affects Your Life

Please tell us about how your disability affects you. Here are some examples of things you might like to write about:

- how your disability and your symptoms affect your life
- any treatments or care you may be receiving
- issues with getting services where you live
- your ability to do physical activities like walking, getting around, sitting or reaching
- your ability to do mental activities like learn, focus, remember or think
- your physical health issues
- your mental health, such as your anxiety, depression, ability to cope or motivation
- your ability to take care of your personal needs, like getting dressed or bathing
- your ability to look after your home, like cooking and cleaning
- your ability to work or go to school
- your ability to take part in activities like shopping for food, banking, going to appointments
- your ability to take part in social activities, like meeting with friends, going to a community centre, going to a recreational facility or going to a place of worship

Handwriting practice lines consisting of horizontal lines for writing.

2. Services and Supports

Please tell us about any services, supports or aids that help you with your disability.

- I do **not need** any special services or supports
- I need special services or supports but I am **not using** them because:

Describe

- I use an assistive device like a cane, a wheelchair, hearing aid, visual and communication aids, etc.

Describe

- I use support services from an agency, such as developmental services, respite care, community mental health, counselling, caseworker, social work, personal support, home care, meal delivery, transportation, etc.

Describe

- I get help from another person like a family member or a friend. Describe in table below.

Relationship (e.g., family member, friend, neighbour, casework, social worker)

What they help you with
(e.g., cleaning, shopping, travel, bathing)

- I use a service animal.

Describe how your service animal helps you

- I use another kind of aid or support.

Describe

3. Employment, Education and Training

Important: You can work, go to school or attend training and continue to qualify for Ontario Disability Support Program (ODSP) income support. Also, ODSP employment supports can help you get ready for, find and keep a job.

Since you have qualified for ODSP, have you:

- worked? Yes No
- gone to school? Yes No
- gone to any training? Yes No

If **yes** to any of the above, please describe.

How has your disability affected your work, education or training?

4. Additional Reports

You can attach reports related to your disability that are not with your health care provider.

Here are some examples of reports you might want to share:

- psychological assessment
- education assessment
- Individual Educational Plan (IEP) or other related school reports
- vocational assessment

Are you attaching any reports?

Yes No If **yes**, describe ▼

5. Is There Anything Else We Should Know About You

This is your chance to tell us any other information or about any other issues that affect how you live with a disability.

Here are some examples of what you might like to write about.

- language barriers
- your race or ethnicity
- Indigenous status
- experience of discrimination
- addiction or substance use
- poverty, needing a food bank
- your gender identity
- your religion or your culture
- a history of homelessness
- a history of trauma or abuse
- experience with the justice system
- unsafe or unstable housing

6. Who Completed This Form

The form was completed by:

- The ODSP recipient
 Someone else

If the ODSP recipient did not complete the form, would you like to tell us why?

7. Signature

Please sign and date the form below. If you are unable to sign this form, it may be signed by your trustee or guardian.

By signing this form I agree that the statements in this document are true.

Signature

Date (dd-mm-yyyy)