

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 Ross	First Name Caitlin
Date of Birth (dd/mm/yyyy) 18/09/1989	Member I.D. (9-digit) 218297364

What type of decision do you want reviewed?

- | | |
|--|---|
| <input type="checkbox"/> My application for income support was denied

<input type="checkbox"/> My income support has been stopped

<input type="checkbox"/> My income support has been reduced

<input type="checkbox"/> An overpayment has been set up on my case

<input type="checkbox"/> I was refused an additional benefit or I disagree with the amount provided | <input checked="" type="checkbox"/> I disagree with a decision made by the Disability Adjudication Unit

<input type="checkbox"/> My ODSP Employment Supports file was put on hold or closed

<input type="checkbox"/> I have been deemed ineligible for ODSP Employment Supports

<input type="checkbox"/> Other (explain) _____

_____ |
|--|---|

What is the date on the letter that told you about the decision? (dd/mm/yyyy) 07/04/2021

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.)

My anxiety and depression still interfere with my ability to both take care of myself and work. In addition, they are causing physical symptoms (IBS, headaches, joint inflammation) that result in daily pain that so far hasn't been treatable.

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.