



PATHWAYS to SELF-SUFFICIENCY APPLICATION FORM

APPLICANT INFORMATION

APPLICANT(s)	NAME	SIN	BIRTHDATE (dd/mm/yr)
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Adult 1

Adult 2

Street Address:

Town:

Postal Code

Phone Number:

Email:

CHILD(REN) AND DATE OF BIRTH (DD/MM/YR)

Child 1

Child 2

Child 3

Child 4

Child 5

Has anyone in your household ever requested assistance through Pathways? Yes No

If yes, please state applicant's name and approximate date of previous request.

INCOME INFORMATION

Income sources (monthly amount):	Applicant	Other Household Members
Employment	\$	\$
Ontario Disability Support Program (ODSP)	\$	\$
Canada Pension Plan (CPP)	\$	\$
Old Age Security (OAS)	\$	\$
Guaranteed Annual Income Supplement (GAINS)	\$	\$
Ontario Works (OW)	\$	\$
Employment Insurance (EI)	\$	\$
Temporary Care Allowance	\$	\$
ACSD (Assistance for Children with Severe Disabilities)	\$	\$
Canada Child Benefit (CCB)	\$	\$
Other (please specify):	\$	\$
Other (please specify):	\$	\$
Total Monthly Income:	\$	\$



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ASSISTANCE REQUESTED (check all that apply)

- Rent Arrears Utility Arrears Last Month's Rent Moving Expenses
 Heating Fuel Emergency Dental Health-Related Item (please specify):
 Other (please specify)

I certify that all information submitted is true and correct and consent to release the information to the Corporation of the County of Huron. I also grant permission to the Corporation of the County of Huron to release my personal information with outside sources as needed to determine my eligibility for the benefit(s) applied for.

I further certify my understanding that submission of this application and associated information does not guarantee approval of funds.

INFORMATION TO SUBMIT

The following information must be submitted with your application:

If in receipt of Social Assistance (OW or ODSP)

- My member ID number is:

If NOT in receipt of Social Assistance:

- Two pieces of photo identification for each adult
 One piece of identification for each child
 Minimum 30 days of most recent banking information
 Social Insurance Number:
 If none of the items above clearly indicates your current address, please supply proof of residence in Huron County (i.e. rent receipt, utility bill)

If requesting assistance with LAST MONTH'S RENT or MOVING EXPENSES:

- Copy of fully completed and signed lease
 Verification of whether last month's rent was paid at current rental (last month's rent requests only)
I will be residing with a roommate (last month's rent requests only) Yes No

If requesting assistance with RENT ARREARS:

- Copy of N4 eviction notice or a letter from landlord. Landlord's name, address and phone number must be provided

If requesting assistance UTILITY ARREARS

- Disconnection Notice OR copy of recent bill
 Please contact the utility provider and give them verbal permission to speak with Huron County Pathways

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If requesting assistance with EMERGENCY DENTAL:

Are you experiencing dental pain? Yes No

If requesting assistance with a HEALTH-RELATED ITEM (i.e. orthotics, glasses, walker, hearing aids)

- Verification of need from a medical professional (i.e. prescription, hearing test)
- Quote for the item provided by the vendor

*** PLEASE NOTE: If in receipt of social assistance, please contact your OW or ODSP worker prior to submitting an application for assistance for health-related items or dental assistance.**

TO APPLY

Please forward your application and associated documents to:

By email:

pathways@huroncounty.ca

Submit Form

By fax:

519-482-1632 (Attn: Pathways)

By mail:

Huron County Social & Property Services
Pathways to Self-Sufficiency
77722D London Road
RR#5
Clinton, ON
N0M 1L0

For further information regarding this program, please contact the Huron County Pathways Coordinator at:

519-482-8505 or
1-888-371-5718
Extension: 4509