EXPLORE BEYOND BORDERS INC. (EBBI)

OW / ODSP CLIENT INTAKE FORM

Unit 306, 3768 Bathurst St, Toronto ON M3H 3M7 | (647) 780-4069 | explorebeyondborders.ca
Consultations: The Law Offices of George M. Garvida, Barrister & Solicitor, Unit 302 | Document drop-off: Unit 306

IMPORTANT: This is EBBI's internal client intake form. It is NOT the official Ontario Works or ODSP application.
EBBI uses it to gather your information and documents so we can help you complete the official application, which is submitted to the Ministry of Children, Community and Social Services (online / 1-888-999-1142) or your local OW (City of Toronto) or ODSP office. Submitting this form to EBBI does not mean you have applied for or will receive benefits. Eligibility is decided only by OW/ODSP.

PLEASE PRINT IN CAPITAL LETTERS (or type directly into this PDF).

HOW TO RETURN THIS FORM

You may type into this PDF and save it, OR print it, fill it in by hand (black or blue pen, CAPITAL LETTERS), then scan or photograph every page clearly. Write your name and file number at the bottom of EVERY page. Write "N/A" if a question does not apply. Use the Staff notes box or an extra sheet if you need more space.

1) PREFERRED: Secure upload at explorebeyondborders.ca (Government Benefits page). 2) Email the scanned/photographed pages to admin@explorebeyondborders.ca. 3) Drop off in person at Unit 306, 3768 Bathurst St, Toronto ON M3H 3M7. Please send copies, not originals, by email/upload; bring originals to your appointment.

EBBI File No. | Intake date (YYYY-MM-DD) | Intake staff | Referral source

1. PROGRAM APPLYING FOR

☐ Ontario Works (OW) only ☐ ODSP only ☐ Both / OW first, then ODSP ☐ Not sure - assess

Is the client in urgent need (no food / housing / eviction notice)?

☐ Yes - urgent ☐ No

Has the client applied before or received OW/ODSP?

☐ Never ☐ Yes - OW ☐ Yes - ODSP ☐ Currently receiving

Previous member ID (9 digits) | Office / year of last application | Outcome (granted/denied/closed)

2. APPLICANT PERSONAL INFORMATION

Legal last name | Legal first name | Middle name(s)

Other names used (maiden/alias) | Date of birth (YYYY-MM-DD) | Place/country of birth | Gender

Social Insurance Number (SIN) | Ontario Health Card (OHIP) No. & version | Marital status

3. CONTACT INFORMATION

Street address & unit | City | Postal code

Mailing address (if different)

Primary phone | Alternate phone | Email (required for each adult 18+)

Preferred contact method

☐ Phone ☐ Text/SMS ☐ Email ☐ Mail

Safe to leave messages? Any safety concerns (e.g., family violence)?

4. IMMIGRATION / RESIDENCY STATUS

Status in Canada

☐ Canadian citizen ☐ Permanent resident ☐ Protected person / Convention refug ☐ Refugee claimant

☐ PR applicant (incl. H&C) ☐ Sponsored immigrant (family class) ☐ Work/study permit ☐ Visitor / other

Document type & number (PR card, COPR, IMM 1442, etc.)	Date of entry to Canada	Document expiry

Date became PR (if applicable)	UCI / Client ID	Ontario resident since	Country of citizenship

Sponsored immigrants: OW requires access to sponsor resources first. Collect sponsor details below; ask whether sponsorship has broken down and why.

Sponsor name	Sponsor relationship / phone	Undertaking start & length

Sponsorship breakdown?

☐ Yes ☐ No ☐ N/A

If yes, explain (sponsor unable/unwilling, abuse, etc.)

5. SPOUSE AND DEPENDANTS (everyone living with applicant)

Each adult (spouse, dependent adult 18+) must consent and provide information. Bring their ID, SIN, OHIP and status documents.

Spouse / partner

Full legal name	DOB	SIN	OHIP No.	Status in Canada	Email

Dependants (children / dependent adults)

Full legal name	DOB	Relationship	SIN (if any)	OHIP No.	Status in Canada	In school? (Y/N)

6. HOUSEHOLD AND LIVING ARRANGEMENT

Living arrangement

☐ Rent (tenant) ☐ Own home ☐ Board & lodging ☐ Live with family/friends

☐ Shelter / homeless ☐ Subsidized / RGI housing ☐ Room rental ☐ Other

Other people in the home who are NOT in the application (name, relationship, pays rent?)

Landlord / property manager name	Landlord phone	Moved in (YYYY-MM-DD)

7. HOUSING COSTS (monthly, $)

Rent / board	Mortgage	Property tax	Home/tenant insurance	Condo fees

Heat	Hydro / electricity	Water	Child care	Other (specify)

Utilities included in rent?

☐ Heat ☐ Hydro ☐ Water ☐ None

8. INCOME - ALL SOURCES (applicant, spouse, dependants)

Include gross and net monthly amounts. Everything counts: wages, cash jobs, EI, CPP/CPP-D, OAS, WSIB, pensions, child/spousal support, CCB, student aid, sponsor money, rental/boarder income, gifts, money from abroad.

Income sources

Person	Source / type	Payer / employer	Gross $/month	Net $/month	Start date

Received or expecting any lump sum (settlement, inheritance, back pay, tax refund) in last 12 months?

☐ Yes ☐ No

Details of lump sum / pending claims (EI, CPP-D, WSIB, support)

9. ASSETS (applicant, spouse, dependants)

Bank accounts (bring statements: min. 1 month, up to 12)

Bank / institution	Account type	Owner	Last 4 digits	Current balance $

Investments & savings plans

Type (RRSP, TFSA, RESP, RDSP, GIC, stocks, crypto)	Institution	Owner	Value $

Vehicles

Year / make / model	Owner	Est. value $	Loan owing $	Used for work? Y/N

Property (in Canada or abroad, e.g., Philippines)

Address / location	Type / use	Owner / % share	Est. value $	Mortgage owing $

Cash on hand $	Life insurance (cash value) $	Prepaid funeral? Y/N	Trusts / money owed to you / other assets $

Sold, gave away or transferred any asset in the last 12 months (up to 3 yrs)?

☐ Yes ☐ No

If yes: what, to whom, when, amount received

Direct deposit info provided (void cheque / bank form)?

☐ Yes ☐ No - no bank account

10. EMPLOYMENT HISTORY & EDUCATION

Most recent employment (last 3)

Employer	Job title	Start	End	Hours/wk	Reason left

Record of Employment (ROE) available?

☐ Yes ☐ No ☐ N/A

Highest education / training (incl. foreign credentials)

Languages spoken

Barriers to working (health, caregiving, language, childcare, etc.)

11. HEALTH / DISABILITY INFORMATION (complete for ODSP)

ODSP disability definition (ODSP Act s.4): a substantial physical or mental impairment, continuous or recurrent, expected to last 1 year or more, that substantially restricts work, self-care or community life, verified by an approved health professional. Some people are in a "prescribed class" (e.g., receiving CPP Disability) and skip the full DDP.

Prescribed class indicators (staff to confirm)

☐ Receives CPP Disability ☐ Age 65+ not eligible for OAS ☐ Lives in psychiatric facility / DD resid ☐ Previously on ODSP

Medical conditions / diagnoses

Condition	Diagnosed (year)	Diagnosed by	Expected to last 1+ year? Y/N

Treating doctors / specialists / clinics

Name	Specialty	Clinic / hospital	Phone	Last visit

Current medications & treatments

Medication / treatment	Dose / frequency	For which condition	Side effects

Hospitalizations / surgeries (when, where, why)

How the condition limits daily activities (client's own words - this feeds the DDP Self Report):

Personal care (bathing, dressing, eating, toileting)

Household tasks (cooking, cleaning, shopping, banking)

Mobility (walking, standing, sitting, stairs, transit)

Mental / cognitive (memory, concentration, mood, coping with stress, social contact)

Ability to work (what tasks you cannot do, how often you have bad days, missed work)

Uses assistive devices?

☐ Cane/walker ☐ Wheelchair ☐ Hearing/vision aids ☐ None

12. HEALTH PROFESSIONAL WHO WILL COMPLETE THE DDP

The Disability Determination Package (Health Status Report and Activities of Daily Living Index) must be completed by an approved health professional (e.g., family doctor, nurse practitioner, registered nurse, psychologist). It must be returned within 90 days of being issued.

Name & designation (MD, NP, RN, psychologist) | Clinic name

Address | Phone | Fax / email

Health professional agreed to complete DDP?

☐ Yes ☐ Not yet asked ☐ No / needs new provider

DDP issued (YYYY-MM-DD) | DDP due - 90 days (YYYY-MM-DD) | Self Report done? (Y/N) | Consent to release medical info signed? (Y/N)

13. SPECIAL NEEDS / ADDITIONAL BENEFITS TO ASK ABOUT

☐ Medical transportation ☐ Special diet allowance ☐ Pregnancy/breastfeeding nutritional allowance

☐ Mandatory special necessities (medical supplies) ☐ Dental / vision ☐ Assistive devices

☐ Child care costs ☐ Employment/start-up costs ☐ Emergency assistance

☐ Housing/shelter supports ☐ Community Start Up / moving costs ☐ Prescription drugs

Details

14. REQUIRED DOCUMENTS CHECKLIST (copies made by EBBI)

Tick documents received for applicant (A) and spouse/dependants. Originals are returned to the client.

☐ Photo ID / passport ☐ Birth certificate(s) ☐ SIN for all members

☐ OHIP card(s) ☐ PR card / COPR / citizenship cert. ☐ Refugee claimant doc (IMM 1442)

☐ Work/study permit / visa ☐ Sponsorship undertaking info ☐ Lease / rent receipt / landlord letter

☐ Utility bills ☐ Mortgage/property tax statement ☐ Bank statements (1-12 months)

☐ Void cheque / direct deposit form ☐ Pay stubs / ROE ☐ EI / CPP / OAS / WSIB statements

☐ Child/spousal support order or proof ☐ Canada Child Benefit notice ☐ Notice of Assessment / tax returns

☐ Investment/RRSP/TFSA statements ☐ Vehicle ownership & value ☐ Property documents (Canada/abroad)

☐ Separation agreement / custody order ☐ School letters for 18+ dependants ☐ Medical records / specialist letters

☐ Medication list (pharmacy printout) ☐ Previous OW/ODSP decision letters ☐ Child care receipts

☐ Power of attorney / trustee docs

15. PREFERRED LANGUAGE AND INTERPRETER

Preferred language

☐ English ☐ Filipino/Tagalog ☐ Other Philippine language ☐ French ☐ Other

Other language (specify) | Interpreter name / relationship (if any)

Interpreter needed for OW/ODSP appointments?

☐ Yes ☐ No

Accessibility accommodations needed?

☐ Yes ☐ No

Describe accommodations

16. CONSENT AND AUTHORIZATION

DRAFT CONSENT WORDING - FINAL VERSION REQUIRES REVIEW AND APPROVAL BY ATTY. GEORGE M. GARVIDA BEFORE USE.

1. I ask Explore Beyond Borders Inc. (EBBI) to help me prepare and submit an application for Ontario Works and/or the Ontario Disability Support Program, and to communicate with OW/ODSP offices, the Ministry, and my health professionals about my application, as I direct.

2. I agree that EBBI may collect, use and keep the personal information on this form and in my documents (including health, financial and immigration information about me and my family members) only to assess, prepare and follow up on my application.

3. I agree that EBBI may share this information only with: Ontario Works / City of Toronto, ODSP / Ministry of Children, Community and Social Services, the Disability Adjudication Unit, the health professionals I name, and the Social Benefits Tribunal if needed. EBBI will not share it with anyone else without my permission unless the law requires it.

4. I confirm the information I give is true and complete to the best of my knowledge. I understand giving false information or not reporting income/assets can lead to denial, overpayment or other consequences.

5. I understand: EBBI does not decide eligibility; OW/ODSP make all decisions; I must sign official government forms myself; I can withdraw this consent at any time in writing; and I may ask to see or correct my information held by EBBI.

6. Each adult household member (spouse / dependent adult 18+) must sign below for their own information.

☐ I consent to EBBI acting on my behalf ☐ I consent to collection & sharing as described ☐ I consent to EBBI contacting me by email/text

Applicant signature	Printed name	Date (YYYY-MM-DD)

Spouse / adult member signature	Printed name	Date (YYYY-MM-DD)

Interpreter signature (if used) & language	Printed name	Date (YYYY-MM-DD)

EBBI staff witness signature	Printed name	Date (YYYY-MM-DD)

OFFICE USE ONLY

☐ Conflict check done	☐ Retainer / fee agreement signed	☐ ID verified (originals seen)
☐ File opened	☐ Reviewed by Atty. Garvida	☐ OW application submitted
☐ ODSP application submitted	☐ DDP received / sent to provider	☐ Decision received
☐ Internal review requested	☐ SBT appeal filed	☐ File closed

Application submitted (date & method)	Confirmation / reference #	Assigned OW/ODSP caseworker & office

Member ID	Decision date	Internal review deadline (30 days)	SBT deadline

Staff notes / follow-up