



Program Description

The purpose of the program is to assist individuals with significant disabilities and barriers to navigate the complex ODSP application process from the initial expression of interest to the final decision of the Disability Adjudication Unit (DAU) or Social Benefits Tribunal (SBT). The ODSP Application Support Worker can support the client by gathering the necessary documentation for the ODSP application, helping clients fill out the forms, assisting in connecting client to medical resources and help arrange transportation to medical appointment. As well as helping with the appeal process.

Reasons for Referral (please check all that apply)

- If a client is applying for ODSP and needs assistance/ and or support gathering medical records, advocacy with medical professionals or appeals.
- If a clients is unable to and/or is of unsure how to fill out the forms because of literacy issues and/or language barriers
- If the client needs help connecting with medical resources to complete the ODSP forms. **Please note that ASWs are not able to help clients connect with ongoing medical support**
- If a client is unable to or has difficulty with attending medical appointments related to their ODSP application. The ASW when needed can help with arranging transportation to these necessary appointments.
- If the client is on ODSP and must complete a medical review.

Process

Once a referral is made to the program the worker will contact the client/ or referring agency to book a time to have an intake appointment. The intake appointment will be approximately 1hour. This appointment is about gathering medical information and getting medical history to help make a plan. A self-report may be done at this time. A follow up appointment will be booked in several weeks while medical records are being gathering and other resources are investigated. Medical transportation is arranged during this period. The ASW will help client to connect with medical resources if they have no one to compete the ODSP forms. The ASW will help mail the forms and track the application is until a decision is made. If the application is denied the ASW will help with the appeal and connect client to a lawyer. The purpose of the program is to help the client provide a complete application with the best possible chance for success.

Demand – expected time for appointment

Currently there are 3 workers for the entire city of Ottawa. Our target is for each worker to see 12-15 new clients each month. There will always be a greater need for this program and capacity is limited and workers cannot take all referrals. Please prioritize referrals based on the criteria set out in the reason for referral. Once a referral is made by fax or in person, it is expected to take 1-2 weeks for ODSP Application Support Worker to make contact for an appointment. An appointment may be booked in 1-2 months after the initial call.



Date:

Client Name:

Member ID #:

Address:

Phone Number:

Referring Agency:

Referring Agency Contact Information:

Income Source:

OW Caseworker:

OW Contact Information:

Has the client attempted to apply for ODSP before? If yes, how many times?	YES	NO
Does the client have a doctor?	YES	NO
If yes, is the doctor willing to complete the ODSP forms?	YES	NO
Does the client have a diagnosis? If yes, please specify.	YES	NO

Is there adequate medical information to complete the application? YES NO

If the client does not have a diagnosis, are they having difficulties with *(please circle all that apply)*

Physical Disability Addictions Mental Health Learning Disability

Is the client connected to other services in community (CMHA, ROH,addiction treatment, John Howard)? If yes, please specify.

What is the client's housing situation?

Shelter Rooming House OCH Private Rental Other

Additional Comments(safety concerns, literacy/language barriers, does the client have difficulty leaving the house, need assistance to appointments, misses appointments frequently)



Anglican Social Services / Centre 454

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Fax #: 613-232-4919



CONSENT

To Share Information

Between Workers

I (We) _____
Print full name

of _____
No. Street Apt. City Province Postal Code

hereby consent to sharing of relevant personal information

between _____
Name of person, agency or institution / other outreach worker

and _____
Name of person, agency or institution / other outreach worker

Compiled/prepared by _____
Name or names as appropriate / outreach worker

with respect to _____
Name of client(s) or "myself"

for the purpose of _____

Nature of the information to be released _____

*Signature **

*Witness ***

*If other than client, state relationship to client **

*In the absence of other convenient witnesses ***

Dated the _____ day of _____, 20__

Expiry Date *** _____

***** The client may rescind or amend this authorization in writing at any time prior to the expiry date, except when action has been taken in reliance on the authorization.**