

ODSP Discretionary Benefit Request Form

Please note your request will not be processed without relevant verification/estimates attached.
Items already paid for will not be reimbursed.

- Save the form to your device and open in Adobe Reader
- Enter your information in the form fields
- Send the completed form and any attachments to zzg-odspdiscretionary@peelregion.ca

CLIENT INFORMATION

NAME (Please Print)

Member ID

ADDRESS

CITY

PROV.

POSTAL CODE

PHONE NUMBER (Working Number Please)

ALTERNATE PHONE NUMBER

DATE

E-MAIL ADDRESS

ITEM REQUESTED

Items will not be reimbursed and will not be processed without estimates attached

☐ **Medical Equipment** (*Please attach occupational therapist/doctor's referral*)

☐ **Dentures** (*Estimates not required at this time*)

☐ **Vision Care** (*For ODSP dependent adults*)

☐ **Other** (*Please attach verification documents and specify request*):

✓ **PLEASE REMEMBER TO ATTACH ALL VERIFICATION DOCUMENTS**

For more information please call 905-791-7800

Notice of Collection (Municipal Freedom of Information Act)

This information is collected under the authority of the Ontario Works Act. The information will be used to support the issuance of discretionary benefits which are provided only to benefit unit members who meet the eligibility criteria. Questions about this collection should be addressed to the Supervisor, Community Access, Human Services at 10 Peel Centre Dr., Suite B, PO Box 2700, STN B, Brampton ON L6T 0E6 or at 905-791-7800.