

I/We, _____

First and last name of applicant/recipient

First and last name of spouse

First and last name(s) of dependent adult(s)

consent to the release, by the Canada Revenue Agency (CRA) to the Ministry of Children, Community and Social Services of Ontario ("the Ministry") and/or a delivery agent administering Ontario Works as identified by the Ministry under the *Ontario Works Act, 1997*, of information from my/our tax files. I/We understand that the information released by the CRA will be relevant to, and will be used solely for the purposes of:

- (a) determining and verifying my/our initial, past and ongoing eligibility for social assistance, and for the administration and enforcement of the *Ontario Works Act, 1997* (or its predecessor legislation) and the *Ontario Disability Support Program Act, 1997* (or its predecessor legislation); and, where applicable,
- (b) permitting the making of an adjustment to a social assistance payment made pursuant to the Ontario legislation referred to in paragraph (a) above, where the purpose of the adjustment is to take into account the amount of any Ontario Child Benefit payment I/we are entitled to.

I/We understand that information from my/our tax files that is provided for the purposes of paragraph (b) above, will only be provided to the Ministry by the CRA for those years in which I/we are entitled to receive an Ontario Child Benefit payment.

This information will not be disclosed by the Ministry or a delivery agent administering Ontario Works to any other party except in accordance with section 54 of the *Ontario Disability Support Program Act, 1997*, section 73 of the *Ontario Works Act, 1997* and the provisions of the *Freedom of Information and Protection of Privacy Act* or the *Municipal Freedom of Information and Protection of Privacy Act*.

This consent is given pursuant to subsection 241(5) of the *Income Tax Act (Canada)*, and in the case of an application or an update of my/our social assistance information, is valid for the following years:

- the current taxation year,
- each subsequent taxation year for which social assistance is requested, and
- for the four tax years immediately preceding the calendar year in which this consent is submitted.

I/We understand that this consent will apply to inquiries made relating to my/our initial eligibility for, as well as my/our past and ongoing receipt of social assistance. I/We further understand that the inquiries may take the form of electronic data exchanges.

I/We understand that if I/we wish to withdraw this consent, I/we may do so at any time by writing to _____

in my local Ontario Works or Ontario Disability Support Program office, and that this request may affect my/our eligibility for social assistance, pursuant to sections 12, 14(1), 15, 16, 17(1) of O. Reg. 222/98 and sections 14, 17(1), 19 & 20 of O. Reg. 134/98.

I have read or had read to me and understand the consent set out above.

Signature/mark of applicant/recipient or legally
authorized substitute

Witness

Date (yyyy/mm/dd)

I have read or had read to me and understand the consent set out above and I join in this consent regarding the release of taxpayer information about me.

Signature/mark of spouse of applicant/recipient

Witness

Date (yyyy/mm/dd)

Signature/mark of dependent adult

Witness

Date (yyyy/mm/dd)

Signature/mark of dependent adult

Witness

Date (yyyy/mm/dd)

_____ Signature/mark of dependent adult	_____ Witness	_____ Date (yyyy/mm/dd)
_____ Signature/mark of dependent adult	_____ Witness	_____ Date (yyyy/mm/dd)
_____ Signature/mark of dependent adult	_____ Witness	_____ Date (yyyy/mm/dd)
_____ Signature/mark of dependent adult	_____ Witness	_____ Date (yyyy/mm/dd)

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)
(Municipal 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, 45 & 46 or the *Ontario Works Act, 1997*, sections 7, 8, 15, 57 & 58 for the purpose of administering Government of Ontario social assistance programs. For more information contact _____ at _____, in your local Ontario Works or ODSP office.