

**Request for Withdrawal of  
Internal Review****Instructions**

- Please print clearly.
- Mail or fax the form to the same address where you sent your request for internal review.

Last Name	First Name
Date of Birth (dd/mm/yyyy)	Member I.D. (9-digit)

I want to withdraw my request for an internal review of the decision:

- ☐ to deny my application for income support
- ☐ to stop my income support
- ☐ to reduce my income support
- ☐ to set up an overpayment on my case
- ☐ to refuse my request for an additional benefit or to provide an amount that I disagree with
- ☐ made by the Disability Adjudication Unit
- ☐ to put on hold or close my ODSP Employment Supports file
- ☐ that I am not eligible to participate in ODSP Employment Supports
- ☐ Other, please explain \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

This decision was explained in a letter dated \_\_\_\_\_ (dd/mm/yyyy).

Signature	Date (dd/mm/yyyy)
-----------	-------------------

**Notice with Respect to the Collection of Personal Information**  
(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, 32, 33, 36, 45 & 46 for the purpose of administering Government of Ontario social assistance programs.

For more information contact \_\_\_\_\_ at ( ) \_\_\_\_\_  
in your local ODSP office.