



Information Session Video

- employment

Examples of employment assistance activities | 2

- Job Search;
- Self-employment;
- Maintaining a job;
- Professional training;
- Preparation for employment;
- Obtaining your Ontario Secondary School Diploma;
- Learning, Earning and Parenting program (LEAP) – mandatory for parents between 16 and 17 years old, voluntary for parents between the ages of 18 and 25;
- Assessment of skills;
- Language enhancement;
- Community placement;
- Referral to different treatment and evaluation services;
- Reference to Ontario Disability Support Program (ODSP);

Employment benefits and benefits for participation in employment assistance activities | 3

- Allowance for appropriate work clothing and/or tools and materials;
- Financial assistance associated with a new full-time job;
- Employment Incentive Program;
- Financial assistance for transportation;
- Assistance for childcare expenses;
- Volunteer incentive;
- Some school fees;
- Obtaining additional certification such as first aid;
- Additional help for job searching;

Some of these benefits have maximums allocated, please discuss them with your case manager.

Income Statement card

- Declaring your income is so simple.
- **The income statement card must be submitted on the 16th day of the month or soon after that date.**
- When you find employment, you must return the income statement card and report any changes, here is an example:



Unless you have been told otherwise, you have two options: Attach your paystubs and receipts OR Fill in the information below and keep your paystubs and receipts in case we ask to see them in the future.

Name DOE, JOHN	Member ID xxx xxx xxx	Office ID 199	Case Owner <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MAIL THIS FORM TO THE ADDRESS BELOW AS SOON AS POSSIBLE AFTER 16 01 19		INCOME FOR 16 12 18 TO 15 01 19	
Prescott and Russell - 000199 - Bur 59 Court C.P./P.O. Box 303 L'Original Ontario KOB 1K0			
Have <input type="checkbox"/> you <input type="checkbox"/> your spouse <input type="checkbox"/> dep. adult <input type="checkbox"/> stopped <input type="checkbox"/> started working this month? Name of Employer or Paid Training Program _____ Date of <input type="checkbox"/> last <input type="checkbox"/> first pay cheque _____			

Earnings

1. Complete payment information for each family member who is employed or in a paid training program
 2. If applicable, enter any deductions

Name:	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program
John Doe	McDonald	McDonald	McDonald		
<input checked="" type="checkbox"/> Recipient <input type="checkbox"/> Spouse <input type="checkbox"/> Dep. Adult	Date 17/12/18	Date 24/12/18	Date 7/01/19	Date	Date
Attending secondary/post-secondary school full time? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount 325.88	Amount 214.43	Amount 421.74	Amount	Amount
Gross pay (before deductions)	298.51	199.86	384.50		
Net pay (after deductions)					

Deductions (enter only if applicable)

Child or spousal support payments				
Other garnishments to repay a debt				

Name:	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program
<input type="checkbox"/> Recipient <input type="checkbox"/> Spouse <input type="checkbox"/> Dep. Adult					
Attending secondary/post-secondary school full time? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date	Date	Date	Date	Date
	Amount	Amount	Amount	Amount	Amount
Gross pay (before deductions)					
Net pay (after deductions)					

Child Care Expenses

1. Enter the child name and child care provider name
 2. Select the type of child care, licensed (most day cares) or unlicensed (most babysitters) and enter the amount

Child name	Child care provider name	Licensed	Unlicensed	Amount
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

I declare the information here to be accurate and complete. Signature (Recipient/Trustee) **John Doe** Date **18/01/19**

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Statement of Income Form

Overview Section

Unless you have been told otherwise, you have two options: Attach your paystubs and receipts OR Fill in the information below and keep your paystubs and receipts in case we ask to see them in the future.

Name: DOE, John

Member ID: xxx xxx xxx

Office ID: 199

Case Owner: blank

Income Change: Yes (checkbox unchecked), No (checkbox checked)

Mailing Section

- MAIL THIS FORM TO THE ADDRESS BELOW AS SOON AS POSSIBLE AFTER DAY (value: 16), MONTH (value: 01) YEAR (value: 19)
- Address:
Prescott and Russell - 000199 – Bur
59 Court C.P./P.O. Box 303
L'Original Ontario KOB IKO

Income Overview Section

Income for

DAY (value: 16), MONTH (value: 12), YEAR (value: 18)

to

DAY (value: 15), MONTH (value: 01), YEAR (value: 19)

Have you (checkbox unchecked), your spouse (checkbox unchecked), dep. adult (checkbox unchecked) stopped (checkbox unchecked), started (checkbox unchecked) working this month?

Name of Employer or Paid Training Program: blank

Date of last (checkbox unchecked), first (checkbox unchecked) pay cheque: blank

Earnings Section

1. Complete payment information for each family member who is employed or in a paid training program
2. If applicable, enter any deductions

Name: John Doe

Recipient (checkbox checked), Spouse (checkbox unchecked), Dep. Adult (checkbox unchecked)

Attending secondary/post-secondary school full time?: No (checkbox checked), Yes (checkbox unchecked)

Earnings Table 1

	Employer Name/ Training Program (value: McDonald)	Employer Name/ Training Program (value: McDonald)	Employer Name/ Training Program (value: McDonald)	Employer Name/ Training Program (value: blank)	Employer Name/ Training Program (value: blank)
	Date: (value: 17/12/18)	Date: (value: 24/12/18)	Date: (value: 7/01/19)	Date: (value: blank)	Date: (value: blank)
Gross pay (before deductions)	\$325.88	\$214.43	\$421.74	blank	blank
Net pay (after deductions)	\$298.51	\$199.86	\$384.50	blank	blank
Deduction (enter only if applicable): Child or spousal support payments	blank	blank	blank	blank	blank
Deduction (enter only if applicable): Other garnishments to repay a debt	blank	blank	blank	blank	blank

Earnings Table 2

Same form fields as Earnings Table 1. All values are blank.

Child Care Expenses Section

1. Enter the child name and child care provider name
2. Select the type of child care, licensed (most day cares) or unlicensed (most babysitters) and enter the amount

Child name	Child care provider name	Licensed/Unlicensed	Amount
blank	blank	Neither checkbox checked	blank
blank	blank	Neither checkbox checked	blank
blank	blank	Neither checkbox checked	blank

Signature Section

I declare the information here to be accurate and complete.

Signature (Recipient Trustee): Signed by John Doe

Date: 18/01/19

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, please contact your caseworker at your local Ontario Works office. For local office contact information, please contact Service Ontario toll-free at 1-888-789-4199 (TTY: 1-800-387-5559) or visit the ministry's website at www.ontarilo.ca/mcss.

COMPLETE ONLY IF THERE ARE CHANGES TO REPORT and return to your local office BY THE 16th of the month: ATTACH RECEIPTS.
It is your legal obligation to report CHANGES in living arrangements, shelter costs, family size, income or assets.

Name DOE, JOHN		Member ID xxx xxx xxx	Office ID 199	Case Owner	Changes for the month of January/19		
Have you moved? Date Moved 01/01/19 <input checked="" type="checkbox"/> Renting <input type="checkbox"/> Boarding (meals) <input type="checkbox"/> Own Home <input type="checkbox"/> Institution/Hospital							
New Address							
Street Number 59	Street Name Court St.			Unit Number 8			
<input type="checkbox"/> PO Box <input type="checkbox"/> Rural Route <input type="checkbox"/> General Delivery		Town/City L'Orignal	Postal Code K0B 1K0	New Phone Number 613-555-5555			
Do you have new housing costs? Attach receipts for new housing expenses.							
New Rent/Boarding/Mortgage Amount		Amount Paid 800 \$	Start Date (D/M/Y) 01/01/2019				
New Monthly Utility Costs (e.g. Hydro, Insurance)							
New Annual Heating Costs <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Wood							
Family Changes							
Name		<input type="checkbox"/> Recipient	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dep. Adult	<input type="checkbox"/> Dep. Child		
Details of change: (e.g. moved out, finished school, new baby) Start Date (D/M/Y)							
Is a family member leaving Ontario for more than 7 days? Date leaving _____ Date returning _____							
Name		<input type="checkbox"/> Recipient	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dep. Adult	<input type="checkbox"/> Dep. Child		
Does any family member have changes in assets (bought or sold or changed in value)?							
Type of Asset		New Value	Start Date (D/M/Y)				
Other Changes in Circumstances (e.g. shared custody, new person living with you)							
Does any family member have changes in income?							
Gross Income	Amount			Gross Income	Amount		
	Recipient	Spouse	Dep.		Recipient	Spouse	Dep.
Support Payments				Rental Income			
Employment Insurance				Foreign Pension			
WSIB				Private Pension			
CPP/QPP - Retirement				Gifts / Windfalls	300		
CPP/QPP - Disability				Loans			
CPP/QPP - Survivor				Trust / Inheritance			
OAS/GIS				Segregated Funds / Annuities			
GAINS A				Interest / Dividends			
Roomer Income				Insurance Benefits			
Boarder Income				Other (specify):			
I declare the information here to be accurate and complete and agree to advise my local Ontario Works office of any changes.				Signature (if recipient or trustee) <i>John Doe</i>	Date 18/01/19		

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Changes Report Form

COMPLETE ONLY IF THERE ARE CHANGES TO REPORT and return to your local office BY THE 10th of the month. ATTACH RECEIPTS.

It is your legal obligation to report CHANGES in living arrangements, shelter costs, family size, income or assets.

Overview Section

Name: DOE, John

Member ID: xxx xxx xxx

Office ID: 199

Case Owner: blank

Changes for the month of: January/19

Moved Section

Have you moved?

Date moved: 01/01/19

Renting (checkbox marked "x"), Boarding (meals) (checkbox unmarked), Own Home (checkbox unmarked), Institution/Hospital (checkbox unmarked)

New Address:

- Street Number: 59
- Street Name Court St.
- Unit Number: 8
- PO Box (checkbox unmarked)
- Rural Route (checkbox unmarked)
- General Delivery (checkbox unmarked)
- Town/City: L'Orignal
- Postal Code: K0B 1K0
- New Phone Number: 613-555-5555

New Housing Costs Section

Do you have new housing costs? Attach receipts for new housing expenses.

Costs	Amount Paid	Start Date (D/M/Y)
New Rent/Boarding/Mortgage Amount	800 \$	01/01/2019
Now Monthly Utility Costs (e.g., Hydro, Insurance)	blank	blank
Blank	blank	blank
Now Annual Heating Costs: Oil (checkbox unmarked), Gas (checkbox unmarked), Electric (checkbox unmarked), Wood (checkbox unmarked)	blank	blank

Family Changes Section

Family Member 1

Name: blank

Recipient: (checkbox unmarked)

Spouse: (checkbox unmarked)

Dep. Adult: (checkbox unmarked)

Dep. Child: (checkbox unmarked)

Details of change: (e.g., moved out, finished school, new baby): blank

Start Date (D/M/Y): blank

Family Member 2

Is a family member leaving Ontario for more than 7 days?

Date leaving: blank

Date returning: blank

Name: blank

Recipient: (checkbox unmarked)

Spouse: (checkbox unmarked)

Dep. Adult: (checkbox unmarked)

Dep. Child: (checkbox unmarked)

Changes in Assets

Does any family member have changes in assets (bought or sold or changed in value)?

Type of Asset: blank

New Value: blank

Start Date (D/M/Y): blank

Other Changes

Other Changes in Circumstances (e.g., shared custody, new person living with you): blank

Family Changes in Income Section

Does any family member have changes in income?

Gross Income	Relationship (Recipient / Spouse / Dependent)	Amount
Support Payments	blank	blank
Employment Insurance	blank	blank
WSIB	blank	blank
CPP/QPP - Retirement	blank	blank
CPP/QPP - Disability	blank	blank
CPP/QPP - Survivor	blank	blank
OAS/GIS	blank	blank
GAINS A	blank	blank
Roomer Income	blank	blank
Boarder Income	blank	blank
Rental Income	blank	blank
Foreign Pension	blank	blank
Private Pension	blank	blank
Gifts / Windfalls	Recipient	300
Loans	blank	blank
Trust / Inheritance	blank	blank
Segregated Funds / Annuities	blank	blank
Interest / Dividends	blank	blank
Insurance Benefits	blank	blank
Other (specify):	blank	blank

Signature Section

I declare the information here to be accurate and complete and agree to advise my local Ontario Works office of any changes.

Signature: Signed by John Doe

Date: 18/01/19

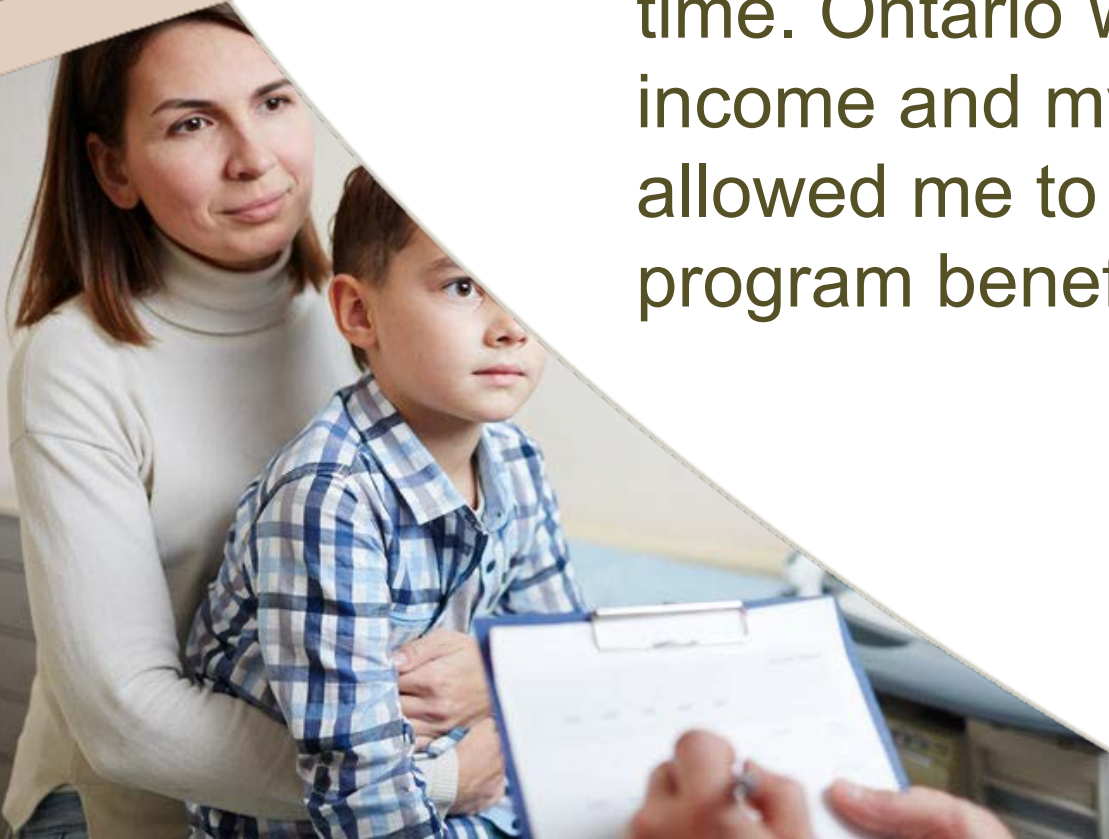
Furthermore...

- After obtaining your job, you may benefit from an income exemption as well as financial assistance related to childcare.
- If your income from employment, self-employment or other source of income is too high and you do not qualify for financial assistance, you may be eligible for additional health benefits.



Testimonial

" I'm a single parent and I started working part-time. Ontario Works deducts a portion of my income and my child-care expenses, which has allowed me to maintain my employment and some program benefits."



IVR & MyBenefits

- **Interactive Voice Response (IVR):** The IVR is an automated telephone line that provides active social assistance recipients with access to limited information about their case. This service is available 24 hours a day, 7 days a week.
- **MyBenefits:** MyBenefits gives people more choice and flexibility in how they get, manage, and report information regarding their Ontario Works file.

These two services allow you to declare your income.

Contactez-nous! – Contact Us!



Prescott
Russell

ONTARIO AU TRAVAIL ONTARIO WORKS

Comtés unis de Prescott et Russell
United Counties of Prescott and Russell

Services sociaux-Siège social/Social Services-Head Office

59, rue Court St., C.P./P.O. Box 303

L'Orignal, ON K0B 1K0 - 613-675-4642 - 1 800-667-9825

LSS@prescott-russell.on.ca



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Growing Opportunities

