

Reference no. (for office use only)

Please print

Mr. Ms Miss Mrs.	Last name	First name	Date of birth	day	mo.	year
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Address (number, street, apartment number or Rural Route)

City, Town	Postal Code	Telephone number ()
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What is your worker's name? _____ What is your worker's caseload number? _____

Why do you want an internal review? Please check one box.

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| <input type="checkbox"/> I was refused income support. | <input type="checkbox"/> My income support has been reduced. |
| <input type="checkbox"/> My income support has been suspended. | <input type="checkbox"/> I was refused an additional benefit or I disagree with the amount provided. |
| <input type="checkbox"/> An overpayment has been set up on my case file. | <input type="checkbox"/> Other; explain _____ |
| <input type="checkbox"/> My income support has been cancelled. | |

What is the date on the letter telling you about the decision? _____ day mo. year

Why do you disagree with the decision? If you have additional information to give the office, please explain it here or attach copies of any documents to this form.

An internal review is supposed to be requested within 10 days from the day you receive the letter telling you about the decision. The letter should tell you the last day your internal review request was to be made. If it is now past that date, please explain why you could not make your request earlier. The time to request an internal review will only be extended in exceptional circumstances.

You will be told whether or not the time to request an internal review will be extended.

Please sign this form and mail it to the Ontario Disability Support Program (ODSP) office where the decision you disagree with was made.

Signature	Date
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