



## Instructions for Filing an Appeal: Form 1

1. Before you can appeal to the SBT you must request an internal review by the Ontario Disability Support Program (ODSP) or Ontario Works (OW) office that made the decision. The SBT does not decide internal reviews. You must file your appeal with the SBT within 30 days of receiving the internal review decision. If you are late filing you need to explain why. The SBT will decide whether to allow a late appeal.
2. Attach copies of the following to this form:
  - i) the original **Notice of Decision** from the OW or ODSP office
  - ii) your **request for an internal review** from the OW or ODSP office
  - iii) the **internal review decision** (if you received one).
3. The SBT does not have the authority to review all social assistance decisions. If we can't hear your appeal, we will send you a letter with the reasons why.
4. If you are experiencing financial hardship while you wait for your appeal to be decided you can ask the SBT for interim assistance by completing Part 5 of this form. Interim assistance is financial help while waiting for your appeal to be decided. If the SBT decides you are eligible for interim assistance, you will be notified in writing. If you lose your appeal, your interim assistance shall be assessed as an overpayment and you may have to pay it back.

Note: The SBT does not issue cheques. Your local ODSP or OW office will pay the interim assistance.
5. If you do not attend your hearing and don't provide a reasonable explanation for your absence, your appeal will be denied and you will not be allowed to appeal a subsequent decision on the same issue for two years except in certain circumstances. For more information, visit our website at [tribunalsontario.ca/sbt](http://tribunalsontario.ca/sbt) or phone the SBT at one of the numbers below:

Tel: 416-326-0978

Toll-free: 1-800-753-3895

TTY: Call the Bell Relay Service at 1-800-855-0511



File Number: -  
(Office use only)

**Language Preference**

The tribunal offers services in both English and French.  
What is your preferred language of communication?

- English       French

You may change the language of your communication by notifying the tribunal in writing. For further information, see Tribunals Ontario's [French Language Services Policy](#).

**Part 1: General Information**

Appellant's Name:			Appellant's date of birth:	
Address:			Unit Number:	PO Box:
Municipality (City, town):	Province:	Postal Code:	Telephone 1:	Telephone 2:

Which office made the decision you are appealing?

- Ontario Works office  
 Ontario Disability Support Program office  
 Disability Adjudication Unit

Member / Case ID:

Office name:	
Office address:	
Case worker's name:	
Case worker's telephone:	

**Part 2: Internal Review Information**

**If you did not request an internal review, you may not appeal to the SBT.**

What is the date of your original Notice of Decision?   
dd/mm/yyyy

When did you make your request for an internal review?   
dd/mm/yyyy

Did you receive an internal review decision?  Yes       No

### Part 3: Your Appeal

Why are you appealing? Check **all** the boxes that apply to you.

- |  |   |
|--|---|
| <input type="checkbox"/> I was refused assistance.             | <input type="checkbox"/> My assistance has been cancelled.                                  |
| <input type="checkbox"/> My assistance has been reduced.       | <input type="checkbox"/> My assistance is on hold.  |
| <input type="checkbox"/> I have an overpayment.                | <input type="checkbox"/> They say I am not disabled.  |
| <input type="checkbox"/> The amount of my assistance is wrong. | <input type="checkbox"/> They say I am no longer disabled, as a result of a medical review. |

Explain what you disagree with in the original decision and why. Use the space below and attach additional pages if necessary.

## Part 4: Your Hearing

Your hearing will be scheduled by video conference (video camera and microphone required for video hearing). You are required to provide your email address for scheduling purposes only:

Email Address (please print clearly):

If you CANNOT attend a video conference, please explain why. The SBT may schedule a hearing in a different format if necessary.

In what language would you like your hearing?

English

French

Will you need any of the following services at the hearing?

Interpreter:

Language

Dialect

Sign language interpreter

Physical or other accommodation to participate in the hearing. Please specify.

### Signature:

Name:

Signature:

Date:

**Collecting Personal Information:** The Social Benefits Tribunal (SBT) collects the personal information requested on this form under the *Ontario Works Act, 1997* or the *Ontario Disability Support Program Act, 1997*. It will be used for the purpose of conducting the appeal and will be shared with the parties. If you have any questions, contact the SBT at 1-800-753-3895.

v. 2023/01

**This completes the appeal section.**

**If you are experiencing financial hardship, complete Part 5 Application for Interim Assistance.**

## Part 5: Application for Interim Assistance

Describe your household. How many people, including yourself, are you applying on behalf of?

Adults  Children

Check the box beside those sentences that best describe your situation.

- I am looking for work.
- I am in an employment assistance program.
- I am attending school.
- Full-time     Part-time     High School     College     University     Other
- I am under 18 and cannot live at home.
- I am working, but earn less than the Ontario Works entitlement.
- Other

Are you receiving any money at all?  Yes  No

If you live with your spouse, is he/she receiving any money?  Yes  No

If you or your spouse are receiving money, provide details of your household income below. Include the amount you receive, when you last received it and how often you receive this income.

Type of Income	Amount	Date Last Received (dd/mm/yyyy)	Weekly, Monthly or Other (specify)
<b>Example: Income A</b>	<b>\$100.00</b>	<b>01/06/2011</b>	<b>Monthly</b>
Earnings from a job			
Vacation pay			
Ontario Works (OW)			
Ontario Disability Support Program (ODSP)			
Workplace Safety & Insurance Benefits (WSIB)			
Employment Insurance			
Canada Pension Plan			
Disability insurance (other than CPP, WSIB)			
Support payments			
Trust fund income			
Ontario Student Assistance Plan (OSAP)			
Rental/boarder income			
Borrowed money			
Foreign pension			
Self-employment earnings			
Other 1			
Other 2			

Will you be receiving any money next month that you have not already listed?  Yes  No

What type?  Amount:

**Provide the details below of the value of the assets you or any member of your household have.**

Bank accounts (personal and business)	
Stocks, bonds, GICs	
RSPs	
Land and property other than your home	
Other	

**How much money do you pay each month for:**

Rent	
Mortgage	
Property taxes	
Room and board	
Heat	
Electricity	
Water	
Food	
Other	

Are you behind in any of your payments or unable to pay these expenses?

Yes     No

What expenses have you been late paying or unable to pay?

Have you received an eviction notice or notice your electricity or other service will be shut off?

Yes     No

Provide details:

Below, provide any additional information that you feel the tribunal should know regarding your financial circumstances.

Name:

Signature: <input type="text"/>	Date: <input type="text"/>
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