



Ministry of Community
and Social Services

Ontario Disability
Support Program
Employment Supports

Application for Employment Supports

Please print

Date of Birth (yyyy/mm/dd)	Gender	(For office use only) Employment Supports Referral ID
Last Name <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		First Name

Current Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Home Telephone / TTY	Work Telephone ext.	Email Address (optional)	

Please answer the following questions

Why are you applying to Employment Supports?

- | | | |
|--|--|---|
| <input type="checkbox"/> I am looking for a job | <input type="checkbox"/> I want to advance in my job | <input type="checkbox"/> I want to become self-employed |
| <input type="checkbox"/> I have a job offer | <input type="checkbox"/> I need to change my job | <input type="checkbox"/> I need help with my business |
| <input type="checkbox"/> I need help looking for a job | <input type="checkbox"/> I am doing volunteer work | |

Are you legally allowed to work in Canada? ☐ Yes ☐ No

Are you currently eligible for any employment services through any of the following:

- | | | |
|--|------------------------------|-----------------------------|
| • Canada Pension Plan (CPP) Disability Vocational Rehabilitation Training | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • an Employment Insurance employment assistance program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • the Workplace Safety Insurance Board (WSIB) or the <i>Workers' Compensation Act</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • accident benefits as a result of a disability from an automobile occurring after June 21, 1990 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • rehabilitation benefits related to your disability under any insurance policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Are you currently eligible for or getting drug or alcohol recovery services (not including Alcoholics Anonymous or Narcotics Anonymous)? ☐ Yes ☐ No

Do you currently receive employment assistance through Ontario Works? ☐ Yes ☐ No

Are you currently working and need help keeping your job? ☐ Yes ☐ No

Are you currently attending school? ☐ Yes ☐ No

Are you currently in a training program? ☐ Yes ☐ No

What is the highest level of education you have attained?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Some apprenticeship | <input type="checkbox"/> Some college | <input type="checkbox"/> Some university |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Completed apprenticeship | <input type="checkbox"/> Completed college | <input type="checkbox"/> Completed university |
| <input type="checkbox"/> Completed high school | | | |

What did you earn from work last year? \$ _____

What is your current source of income (check all that apply)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Job | <input type="checkbox"/> ODSP | <input type="checkbox"/> Insurance Disability Benefits |
| <input type="checkbox"/> Self-employment | <input type="checkbox"/> Employment Insurance | <input type="checkbox"/> WSIB |
| <input type="checkbox"/> Ontario Works | <input type="checkbox"/> Canada Pension Plan | <input type="checkbox"/> Other |

Please check off any of the following that apply to you

☐ I am a person with a disability and receive ODSP Income Support.

Member ID _____

☐ I am registered as legally blind with the Canadian National Institute for the Blind (CNIB).

Registration number _____

If you checked off either of the 2 boxes above, you are not required to complete the attached Verification of Disability/Impairment form.

Please check off any of the following that apply to you

☐ I am a former/current student of a school or program for students with disabilities. Please attach a school or program report or other documentation of your attendance.

☐ I have a report completed by a Health Care Professional which describes my disability (for example: a medical form to apply for an accessible parking permit, or a psychologist report confirming a disability).

If you checked off either of the 2 boxes above, you may not be required to complete the attached Verification of Disability/Impairment form. Please contact your ODSP Office for more information.

Important Note: All applications must be signed and dated (page 3 of application form) and have the Consent to Disclose and Verify Personal Information signed and dated (page 4 of application form)

Additional Information (optional)

Barriers

What is your disability? (You may check more than one box)

☐ Physical / Mobility

☐ Deaf / Hard of Hearing

☐ Head Injury / Cognitive

☐ Mental Health / Psychiatric

☐ Developmental Disability

☐ Other _____

☐ Blind / Visually Impaired

☐ Learning Disability

How does your disability make it difficult for you to get or keep a job? (If you need more space, please attach a separate page.)

What best describes your housing situation?

☐ Homeless

☐ Transitional housing

☐ Affordable (subsidized) housing

☐ Temporary accommodation

☐ Renting

☐ Home owner

Have you had to move more than once in the last 6 months?

☐ Yes

☐ No

Do you need childcare for you to participate in the program and to work?

☐ Yes

☐ No

Do you currently have reliable childcare in place?

☐ Yes

☐ No

Do you need to take care of an adult dependent in your household?

☐ Yes

☐ No

Do you have reliable transportation?

☐ Yes

☐ No

Employment

What credentials do you have?

☐ Regulated Trade Certificate☐ College Diploma☐ Other _____☐ Regulated Profession☐ University Degree☐ High School Diploma☐ Post Graduate Degree

How many jobs have you had in the last three years? _____

Are you currently employed?

☐ Yes☐ No

Tell us about your last three jobs including any current job(s)

Job 1

Occupation/job title _____

Job type☐ Volunteer☐ Seasonal☐ Contract☐ Self-Employed☐ Internship☐ Paid Training☐ Permanent**Job status**☐ Working☐ Fired☐ Quit☐ Laid Off**Wages**☐ hourly☐ weekly**Average hours per week****Job length**

Years

Months

Job end date
(yyyy/mm/dd)

\$

☐ monthly☐ annually**Job 2**

Occupation/job title _____

Job type☐ Volunteer☐ Seasonal☐ Contract☐ Self-Employed☐ Internship☐ Paid Training☐ Permanent**Job status**☐ Working☐ Fired☐ Quit☐ Laid Off**Wages**☐ hourly☐ weekly**Average hours per week****Job length**

Years

Months

Job end date
(yyyy/mm/dd)

\$

☐ monthly☐ annually**Job 3**

Occupation/job title _____

Job type☐ Volunteer☐ Seasonal☐ Contract☐ Self-Employed☐ Internship☐ Paid Training☐ Permanent**Job status**☐ Working☐ Fired☐ Quit☐ Laid Off**Wages**☐ hourly☐ weekly**Average hours per week****Job length**

Years

Months

Job end date
(yyyy/mm/dd)

\$

☐ monthly☐ annually**I hereby certify that the information provided is true and correct to the best of my knowledge.**

Signature of applicant

Date (yyyy/mm/dd)

Office use only☐ Eligibility verified☐ Date of Birth☐ Legal work status☐ Not eligible

Signature

Date (yyyy/mm/dd)

Consent to Disclose and Verify Personal Information

I, _____, * consent to the
Name of Applicant (Last Name, First Name)
exchange of personal information between the Ministry of Community and Social Services and

- the Government of Canada
- the government of any other province or territory
- the Government of Ontario
- any agency, ministry or department of any of the foregoing
- any community agency or employment service provider or organization

for the purpose of administering the Employment Supports program and in order to verify information (e.g., that I am a resident of Ontario, that I am legally entitled to work in Canada, etc.) for the purpose of determining or verifying my initial or ongoing eligibility for Employment Supports under the *Ontario Disability Support Program Act*, 1997.

I understand that this exchange of information may take the form of telephone conversations, face-to-face meetings, sending letters or records by mail or facsimile, or electronic data exchanges.

I further understand that information may be exchanged with my service provider(s) for the purpose of completing my employment plan and/or monitoring my progress as outlined in the **Welcome to ODSP Employment Supports form**.

Name of Applicant (Last Name, First Name)	Signature *	Date (yyyy/mm/dd)
Name of Witness (Last Name, First Name)	Signature **	Date (yyyy/mm/dd)

* In situations where the applicant is unable to provide consent in writing, by reason of physical or mental disability, the consent of the trustee, legal guardian or, if there is no legal guardian, the next of kin (with the applicant's verbal consent), will suffice.

** Please have your signature witnessed by anyone over the age of 18 years.

Notice with Respect to the Collection of Personal Information (Freedom of Information and Protection of Privacy Act)

The information is collected under the legal authority of the *Ontario Disability Support Program Act*, S.O. 1997, c.25, Schedule B, sections 32, 33 and 53 for the purpose of providing employment supports to enable persons with disabilities to obtain and maintain employment and for the purpose of administering the Employment Supports program. For more information, contact

_____ at () _____
in your local Ontario Disability Support Program Office.

ACE is a program for people with disabilities. ACE is funded by Ontario Disability Support Program (ODSP). Lutherwood delivers the program in Kitchener, Waterloo, Cambridge and Guelph. The goal of the ACE program is two fold;

- 1) It is designed to provide people with the resources to identify, develop, and utilize their employment skills and abilities and to help them find and maintain paid employment
- 2) It is to help people recognize their entrepreneurial traits and skill sets and to help them start their own small business.

Employment Supports offered by the ACE Program:

- Creating individualized employment plans
- Resume writing, interview preparation, job searching techniques
- Job placement opportunities
- Transportation assistance
- Job trials and job development with local employers
- On-the-job coaching and job maintenance
- Short-term wage subsidy available
- Technical aids ranging from mobility devices and reading aids to adapted computers and the training to use them

Self Employment supports offered by the ACE Program:

- Self employment assessment; accessing business idea viability and feasibility
- Assistance in preparing a business plan
- Access to Small Business Start Up Funding
- Coaching services to assist businesses who receive funding to successfully implement and operate their business
- Offer exceptional work related disability supports (eg. sign language interpreters, assistive devices and adaptive technology) in order to operate the business

Program Eligibility:

- 16 years or older with a disability
- Resident of Ontario and legally entitled to work in Canada
- Able to prepare for, accept and maintain competitive employment
- NOT in receipt of Ontario Works (formerly General Welfare)
- NOT in receipt of or eligible to receive disability or rehabilitation benefits from other public or private sources

For more information or to make a referral please contact:

Tracey Leroux

Lutherwood

165 King St. E. Kitchener, ON N2G 2K8

Ph: (519) 743-2460 x414

E-mail: tleroux@lutherwood.ca



Ministry of Community and Social Services

ODSP Employment Support Service Providers (Kitchener-Waterloo)

<p>Lutherwood – ACE Program</p> <p>165 King Street East Kitchener ON N2G 2K8</p> <p>Contact:</p> <p>Carrie Kipling x 1535 ckipling@lutherwood.ca</p> <p>Jodi Harrison x 1108 jharrison@lutherwood.ca</p> <p>☎ (519) 743-2460 (519) 743-2246 (After Hours)</p> <p>Website: www.lutherwood.ca</p>	<p>Marsaye Treen - HOPE START</p> <p>Mobile services offered</p> <p>Contact: Marsaye Treen</p> <p>☎ (519) -823-9333 Toll Free: 1-866-264-7879 Fax: (519) 823-0160</p> <p>marsaye@rogers.com</p>	<p>The Job Centre “We will travel to you”</p> <p>Contact: Dawn Braddock</p> <p>☎ (905) 842-8787 Toll Free: 1-800-350-8361 Fax: (905) 337-3120</p> <p>dawn@thejob-centre.ca</p> <p>Website: www.thejob-centre.ca</p> <p>Provides regular employment and self-employment services</p>	<p>March of Dimes Canada</p> <p>236 Victoria St. N., Unit 1B Kitchener, ON N2H 5C8</p> <p>Contact: Stephanie Schwindt Erin Rigelhof</p> <p>☎ (519) 579-5530 x 271 ☎ (519) 579-5530 x 221 Fax: (519) 579-5479</p> <p>sschwindt@marchofdimes.ca erigelhof@marchofdimes.ca</p>
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Note: You must contact your Case Worker at (519) 886-4700 or 1-800-441-9820 with your Service Provider Choice with this information session otherwise your file will automatically be closed.

QUESTIONS FOR SERVICE PROVIDERS TO ASSIST YOU WITH MAKING YOUR DECISION

Updated Oct. 13, 2016

Inform Service Provider that you are involved with ODSP Employment Supports and are inquiring about their service so that you can make a good decision as to who would best meet your needs.

Tell the person you are speaking with something about yourself. Tell them about your disability and what your employment goal is, if you already have one. You might also want to tell them about your educational background and work experience.

Then you may want to ask the Service Providers the following questions to assist you to make your decision.

- 1. Tell me about what I may expect from your company if I choose you as my Service Provider?**
- 2. Do you provide job coaching and if so how much time will you spend with me?**
- 3. What is your experience in working with people with a disability similar to mine?**
- 4. What is your success rate in finding employment for people with a disability similar to mine?**
- 5. How do you help someone decide on an employment goal?**
- 6. If I choose you as my Service Provider, how soon could we meet?**
- 7. If I choose you as my Service Provider, where will we meet?/how often?**

After you have spoken with the Service Provider, how did you feel about your conversation? Did the Service Provider answer all your questions? Did you feel good about your discussion with them?

Once you have made the decision, please call your ODSP Case Worker so that your file may be opened with the Service Provider contracted to work with you.

WE CAN HELP YOU GET STARTED



- Job Exploration
- Job Search
- Job Preparation
- On-the-job Support

CALL TODAY
416-467-2002



MAKING IT EASIER FOR YOU!

EMPLOYMENT SERVICES

Programs and Services at March of Dimes Canada:

- Accessibility* Advantage
- Acquired Brain Injury Services
- Aphasia and Communication Disabilities Program
- Assistive Devices Program
- Attendant Care Services
- Befriending* Program
- Canadian Veterans Vocational Rehabilitation Services
- Conductive Education* Program
- Designability* Program
- Home & Vehicle Modification* Program
- Information Services & Advocacy
- Northern Medical Clinics
- Post-Polio Canada
- Recreation & Integration Services
- Stroke Recovery Canada*
- TravelAbility - Travel Insurance

March of Dimes Canada
10 Overlea Blvd
Toronto, ON M4H 1A4
Toll-free: 1-800-263-3463
Tel: 416-467-2002
Fax: 416-425-1920
www.marchofdimes.ca/Employment



/MarchofDimesCanada



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March of Dimes Canada
Charitable Registration No. 10788 3928 RR0001

8/7/06/16

**LOOKING FOR
WORK?**

We are
ONE STOP
OPPORTUNITIES FOR INDEPENDENCE

REACH YOUR EMPLOYMENT OBJECTIVES

March of Dimes Canada offers a full range of Employment Services to help people with disabilities to develop employment plans, prepare for work, overcome any employment barriers, and return to (or enter) the workforce.

March of Dimes Canada's Employment Specialists use the most current methods to help with job exploration and placement.

Our staff connects with hundreds of employers to get the latest information on job opportunities, market trends, wage ranges, and placement opportunities.

March of Dimes provides Employment Services through agreements with the following agencies:

- Employment Ontario
- Ontario Works
- Ontario Disability Support Program (ODSP)
- Service Canada
- Workplace Safety & Insurance Board (WSIB)
- Veterans Affairs Canada

For more information, please visit
www.marchofdimes.ca/Employment

MARCH OF DIMES CANADA CAN HELP YOU WORK. FIND OUT HOW

JOB EXPLORATION

Together, we look at various employment opportunities available to you within your community. You will be provided with effective and thorough assessments of your existing skills, abilities, interests, and experience. Then, an employment plan is created with you.

ACTIVE JOB SEARCH

Our Employment Specialists have strong connections with many employers. We assist you with your job search, with a focus on achieving the best possible match for your interests and skills.

We can also identify modifications or adaptations that may be required to help you integrate into the workplace.



JOB PREPARATION

We will help you to obtain the skills necessary to find work. This may include providing you with skill set training, on-the-job training, resume development, and interview skills.

ON-THE-JOB SUPPORT

Once you have paid employment, we will continue to help. We will provide you with ongoing support while you establish yourself in the job. Support can come in many forms depending on what your needs are, and may include an on-site job coach while you develop the skills necessary for your job.

Don't wait. Call Today
416-467-2002

Ontario Disability Support Program (ODSP)

Employment Supports

ODSP recognizes that people with disabilities can work, so the Employment Supports program is a voluntary program that can help you to:

- Get and keep a job that pays minimum wage or more
- Obtain employment that is full-time, or part-time, contract work or self-employment
- Overcome workplace problems or crisis in order to prevent job loss, once employed
- Find a better job to increase your earnings, if you are already employed

How is the ODSP Employment Supports program delivered?

ODSP Employment Supports will provide funding to the Service Provider of your choice to help you reach your employment goals. Together you and your Service Provider will decide on the supports and services you need to get and keep a job.

What types of assistance can the service provider offer?

- Employment counselling
- Employment skills training
- Job trials
- Assistance finding a paid job
- Job coaching
- Workplace accommodations
- Working with your employer to help deal with any job-related difficulties
- Help finding a better job

Your service provider will work with you and help you decide what supports you may need.

If you are receiving ODSP Income Supports ...

You must report earnings each month to ODSP Income Support. You may also be eligible for additional benefits while you prepare for or obtain employment.

How do I apply?

Obtain an ODSP Employment Support Application package from:

Ministry of Community and Social Services
Ontario Disability Support Program
301-715 Fischer Hallman Road
Kitchener, ON N2E 4E9
Telephone: 519.886.4700
TTY: 519.886.8304

How do I proceed?

1. Once you receive the application, you must complete and return it to the local OSDP office or mail it in. A Caseworker will review the application in order to determine whether you have met the basic eligibility criteria.
2. If you are eligible, you will be requested to come into the local office to provide you with an overview of the ODSP Employment Supports program and answer any questions that you may have.
3. If you want to continue with the program after this meeting, you will be required to select a Service Provider within 10 business days from your appointment with your Caseworker and sign an Employment Supports Funding Agreement.
4. Your Service Provider will assess whether they can help you find a job and they will complete an *Employability Determination* form and submit this to your designated Caseworker.
5. If your Service Provider determines that they can help you to find a job, you will enter the *assisted job search stage* with your Service Provider to help you find suitable employment.
6. You'll receive job retention support from your Service Provider for up to 33 months (if you are in receipt of ODSP Income Support) or for up to 15 months (if you are not on ODSP Income Support) to help you stay employed or to find a better job.

What You Need to Do

- You intend to and are able to prepare for, get and keep competitive employment.
- You will set employment goals and work with your service provider to develop an employment plan. If there are any changes that may affect your ability to complete your employment plan (for example, change of address, medical concerns, you start or stop working etc.), you will let your service provider know.
- When you get a job, you will let your service provider know on an ongoing basis
 - Name of your employer, your job title, your wages, the number of hours you are working
 - Verification of employment (e.g. copy of pay stub)
 - Any self-employment/business income and expenses
- You will provide us with all information/documentation required to demonstrate initial and ongoing eligibility.
- If you receive ODSP Income Support, you will report all employment earnings or self-employment/business income and expenses to your ODSP office.

Terms and Conditions

- After receiving ODSP Employment Supports, you agree to be contacted by the ODSP caseworker at various times to find out about your employment status.
- If you stop working or are unable to retain employment, you agree to return equipment bought with ODSP Employment Supports funding, if requested.
- If you do not use the ODSP Employment Supports direct funding for an approved purpose, the Ministry of Community and Social Services has the right to take those funds back.
- If you voluntarily leave ODSP Employment Supports before getting a job, starting a business, or are unable to retain employment, you may be required to meet specific conditions before reapplying to the program.
- Your employment supports file may be put on hold or closed under the *Ontario Disability Support Program Act, 1997*, section 36 if, for example, you
 - Become ineligible for the program
 - Do not provide the necessary information to determine ongoing eligibility
 - Fail to make satisfactory progress toward obtaining and maintaining competitive employment
 - Receive funding directly for the purchase of goods/services but do not use the money to buy approved employment supports.
- You have access to an internal review process if you disagree with decisions related to your eligibility for the program or if your employment supports file is put on hold or closed.
- If there is a change in your eligibility for ODSP Employment Supports, we will inform you in writing.

I understand what I need to do during my participation in ODSP Employment Supports and the terms and conditions of the program.

Name of Applicant (Last Name, First Name)	Signature of Applicant	Date (yyyy/mm/dd)

