



Consent to the Disclosure, Exchange, Transmittal and Evaluation of Information

I, _____, hereby consent to the disclosure, exchange or transmittal of information pertaining to my request for emergency assistance from the Office of Emergency Response at the Social Planning Council of Sudbury. I also agreed to be part of the program evaluation process.

I understand that signing this form permits the Office of Emergency Response or _____ to contact other agencies or individuals for information in regards to income verification, arrears, or deposit information verification, housing needs, advocacy, and/or confirmation of eligibility from other community resources.

Client signature

Witness signature

Date

Date



social planning council
of Sudbury

conseil de planification sociale
de Sudbury

FINANCIAL WORKSHEET - MONTHLY INCOME VS EXPENSES

Name : _____

Date : _____

Spouse/Partner : _____

INCOME

Wages- (net income) Employed by :	
EI (employment insurance)	
CPP (Canada Pension Plan)	
OAS (Old Age Security)	
Pension other : _____	
OW (Ontario Works)	
ODSP (Ontario Disability Support Program)	
WSIB (Workplace Safety & Insurance Board)	
CICB (Criminal Injuries Compensation Board)	
Child Support	
CCTB/NCBS (Canada Child Tax Benefit/National Child Benefit Supplement)	
CCS (child care supplement-working families, children under 7)	
GST/HST credit (quarterly)	
Spousal support	
Personal Insurance Benefits	
OSAP (Ontario Student Loan Plan)	
CSLP (Canada Student Loan Plan)	
Post-secondary funding (bursaries)	
Other:	
Other:	
Subtotal:	

OTHER EXPENSES

Child support	
Spousal support	
Student loan	
Credit card(s)	
Other:	
Subtotal	

HOUSING EXPENSES

Rent - Subsidized unit? __yes __no	
*Has applied for subsidy __yes __no	
*Will be applying? __yes __no	
First Mortgage	
Second Mortgage	
Property taxes	
House insurance	
Telephone/cell	
Hydro	
Water/sewer	
Heat-gas/oil/wood/electric	
TV-cable /internet	
Other:	
Other:	
Other:	
Subtotal	

LIVING EXPENSES

Food	
Transportation	
Car payment: lease/own	
Insurance: Life	
Auto	
Other:	
Medical/doctor	
Prescription drugs	
Dental	
Clothing	
Laundry	
Other:	
Subtotal	

SUMMARY OF FUNDS AVAILABLE

TOTALS



3. Have client and/or worker attempted to seek out other resources before requesting fund?

Yes No Please complete the following to the best of your knowledge:

Agency (or person) contacted:
Name and phone number of that agency's contact person: Date contacted: Results:

Agency (or person) contacted:
Name and phone number of that agency's contact person: Date:
Results:

Agency (or person) contacted:
Name and phone number of that agency's contact person: Date:
Results:

Agency (or person) contacted:
Name and phone number of that agency's contact person: Date:

4. How much money are you requesting for your client at this time?

5. a) Is this a request for a food voucher? Yes No

b) If yes, from which Food Basics location? Notre Dame Lasalle Hanmer

6. Cheque payable to:
(include full address & postal code)

7. Other funding secured:
(please specify, if applicable)

8. Reimbursements to follow:
(if applicable only)

<i>Amount : \$</i>	<i>From:</i>
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9.

Please indicate what the funds are needed for, and (briefly) what circumstances led to your client's situation:
Please provide a breakdown of the needs, if applicable:
Example: rent arrears \$105, food vouchers \$25

10. Do you feel, as a front-line worker, that this request is clearly valid? Yes No

11. Documents attached:

Proof of arrears:	Yes	No	
Proof of expenses:	Yes	No	
Quote(s):	Yes	No	
Consent to release of information	Yes	No	Other:

Please ensure that all necessary documentation is submitted as soon as it becomes available.

12. Additional comments:

Office Use Only:	
Client #	