

**Residential Services
Instruction Guide (Form CS-RS 892E)**

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1. Overview

The Instruction Guide provides step by step instructions on how to fill out an application for a subsidy for Residential Services. Read the Instruction Guide carefully.

The application form is divided into two parts:

Part 1 - Applicant Information (Sections 1A to 1E form CS-RS 893E)

Complete this part. It includes personal information; your living arrangements, assets and income; and consent for the release of personal information.

Part 2 - Health Information (Sections 2A to 2D form CS-RS 894E)

The applicant must complete and sign section 2A of this part *“Consent to release personal and health information.”*

A health care professional such as a doctor (for example family doctor, psychiatrist, neurologist), nurse or social worker must complete sections 2B to 2D of this part.

Once you have both the Applicant Information (Part 1) and the Health Information (Part 2) complete, submit your application to Community Supports. Once your application is received:

- If you appear to qualify for a subsidy an appointment will be scheduled with a Residential Services Worker who will verify your income, assets and health information.
- If you do not qualify for a subsidy, we will contact you and give you the reasons why.

If you do not understand English or French and need help to fill out the application, you may contact your [local community centre](#) to ask for help.

2. Before you apply - information you need to gather

You will need information about yourself, and where applicable, information about family members living with you such as your spouse or common-law partner, dependant children (17 years or younger) or dependant adults (18 years or older). Refer to the *Information/Document Checklist* below to help you gather the required information before filling in your application.

Information/Document Checklist	
What you need	For example
Proof of identity from an official government document	<ul style="list-style-type: none"> • Birth certificate or baptismal certificate • Proof of citizenship such as Record of Landing, confirmation of Permanent Residence, passport or other immigration papers • Social Insurance Number card • Health Card Number card
Living arrangements (proof of residence with address)	<ul style="list-style-type: none"> • Rental agreement, for example lease • Mortgage • Utility bills, for example gas or electricity
Assets (proof of ownership and value) for yourself, spouse or common-law partner, dependant children (17 years or younger) and dependant adults (18 years or older) living with you	<ul style="list-style-type: none"> • Bank account information such as bank books or bank statements • Investments such as bonds, stocks, Registered Retirement Savings Plan (RRSP), Mutual Funds, Registered Disability Savings Plan (RDSP) or Guaranteed Income Certificate (GIC) • Ownership for vehicle(s) • Pre-paid funeral • Property you own • Life insurance policies • Trust account • Retirement Income Fund (RRIF) • Any other asset

<p>Income (proof of money) received with the amount and start date for yourself, spouse or common-law partner, dependant children (17 years or younger) and dependant adults (18 years or older) living with you</p>	<p>Statements from:</p> <ul style="list-style-type: none"> • Ontario Works or Ontario Disability Support Program (ODSP) • Old Age Security (OAS) • Guaranteed Income Supplement (GIS) or Guaranteed Annual Income System (GAINS) • Canada Pension Plan (CPP) • Quebec Pension Plan (QPP) • Employment pay stubs • Employment Insurance (EI) • Workplace Safety and Insurance Board (WSIB) • Private pension • Foreign pension • Private insurance • Child or spousal support agreements • Income Tax Return or Notice of Assessment for the last year • Investment / interest income from any assets • Any other type of income
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3. Try our self assessment tool to see if you qualify

Please review the “Admission Assessment” and “Financial Assessment” and try the Subsidy Eligibility Estimator on Ottawa.ca to see if you qualify.

Note: Completing the Subsidy Eligibility Estimator provides a basic screening and does not confirm actual eligibility.

4. How to get the application form

Open the application form on Ottawa.ca:

- Fill out the application form on a computer or mobile phone and print. Or, print a copy and fill it out by hand.

OR

- If you are unable to print the application form, (Part 1 Applicant Information Form CS-RS 893E and Part 2 Health Information Form CS-RS 894E) request a paper copy by e-mailing CommunitySupports@ottawa.ca or by calling 613-580-2424, extension 26586 and one will be mailed to you.

Important: Health Information (Sections 2B to 2D), must be completed by a health care professional such as a doctor (for example family doctor, psychiatrist, neurologist), nurse or social worker.

How to fill out the application

Now you are ready to fill out the application. It's important to be as complete and accurate as you can.

Part 1 - Applicant Information

Section 1A – Personal information	
First name	Enter your first name in the space provided as it appears on an official government document such as your birth certificate, permanent resident card or passport. First name is your given name, and is usually the name that people use to address you.
Last name	Enter your last name in the space provided as it appears on an official government document such as your birth certificate, permanent resident card or passport. Last name is your surname or family name.
Date of birth	Enter your date of birth as it appears on an official government document such as your birth certificate, permanent resident card or passport.
Gender	Select the box to indicate if you are male or female.
Social Insurance Number (SIN)	Enter your Social Insurance Number in the space provided. This number is issued in Canada to administer various government programs. The SIN is formatted as three groups of three digits, for example 123–456–789.
Health Card Number	The Health Card Number is issued by a provincial or territorial government and allows access to insured health care services. The Health Card Number is a 10-digit identification number usually followed by 2 identification letters, for example 1234-567-123-JL.
Living conditions	Select the information as it relates to your residential situation: Home owner: A person who owns a home. Renting: A tenant/lessee who makes payment, usually a fixed amount in return for the right to occupy or use the property of another. Other: Describe any other living arrangements in the box provided.
Residential address	Enter the address where you live, for example 352 Russell Road.
Apartment or unit number	Enter the number of your apartment or unit, for example #102.
City	Enter the city where you live, for example Ottawa.

Province	Enter the province where you live, for example Ontario.
Postal code	Enter the postal code for your address where you live, for example K0A 1K0.
Home phone number	Enter the telephone number for your residence / where you live including the area code, for example 613-560-0622.
Cellular number	Enter your cellular number including the area code.
E-mail address	Enter your e-mail address. This is an electronic computerized address, for example Johnsmith@yahoo.ca .
Mailing address if different from residential address	If your mailing address is different from your residential address (where you live), enter the address, street number, city, province and postal code.
Language(s)	Select the language(s) you are able to communicate in.
Do you require an interpreter / translator?	If you are called to an appointment with a Residential Services Worker, will you need an interpreter/translator? Select yes or no. If yes, enter the language you can communicate in.
Next of kin or emergency contact	A relative or other person close to you like your spouse who can be contacted in the event of an emergency. Enter the person's first and last name, address and telephone number.

Section 1B - Family composition and living arrangements

Marital status	<p>From the list, select your current marital status:</p> <p>Single: This means you have never been married and are not in a common-law relationship.</p> <p>Married: This means that you and your spouse have had a ceremony that legally binds you to each other.</p> <p>Separated: This means that you are married but no longer living with your spouse.</p> <p>Divorced: This means that you have officially separated and legally ended your marriage.</p> <p>Common-law: This means that you have lived continuously with your partner in a marital type relationship for a minimum of one year.</p> <p>Widowed: This means that your spouse has died and that you have not re-married or entered into a common-law relationship.</p>
List all family members living with you	List all family members and their date of birth living with you. This includes your spouse or common-law partner, dependant children (17 years or younger) and dependant adults (18 year or older). If not applicable, select the not applicable box.

Section 1C – Assets	
<p>List all assets for yourself, spouse or common-law partner, dependant children (17 year or younger) and dependant adults (18 years or older) living with you</p>	<p>From the list of assets, select all assets that apply, who it belongs to and the value and or balance. Select not applicable if you, your spouse, common-law partner, dependant children or adult dependants don't own the asset indicated.</p> <p>Bank account: Financial account between a bank customer and a financial institution. Investments: Item purchased with the hope that it will generate income or appreciate in the future, for example bond, stock, GIC, RRSP, RIF. Vehicle: Form of transportation that is owned / registered to the applicant, spouse or dependant adult. Pre-paid funeral: Money or investment set aside to pay for funeral expenses. Property: House, building or piece of land that is owned by a person. Life insurance policy: A contract between an insured (insurance policy holder) and an insurer where the insurer promises to pay a designated beneficiary a sum of money (the "benefits") upon the death of the insured person. Trust account: A financial account that is controlled by a trustee on behalf of another person. Other: Any other type of asset that has not been listed.</p>
<p>Any assets expected in the future?</p>	<p>Select "YES" if you, your spouse or common-law partner, dependant children (17 years or younger) or dependant adult (18 years or older) expects any assets in the future including the value / amount. Select "NO" if you, your spouse or common-law partner, dependant children (17 years or younger) or dependant adult (18 years or older) do not expect any assets in the future.</p>

In the past 12 months, did you or any family members living with you receive any money from the sale of something owned (for example property, jewellery or vehicle) or cash in any assets such as RRSP or GIC?

Select “YES” if you, your spouse or common-law partner dependant children (17 years or younger) or dependant adults (18 years or older) have received any money or cashed in any assets in the past 12 months, for example cashed out an investment or sold a vehicle or property.

Select “NO” if you, your spouse, common-law partner dependant children (17 years or younger) or dependant adults (18 years or older) have not received any money or cashed in any assets in the past 12 months, for example cashed out an investment or sold a vehicle or property.

Section 1D – Income

Select the source(s) of income applicable to you, your spouse or common-law partner, dependant children and dependant adults living with you

From the list of income, select all sources of income that apply, who it belongs to and the monthly income amount that is received. Check not applicable if you, your spouse, common-law partner, dependant children or dependant adults don't have any of the incomes indicated.

Ontario Works, Ontario Disability Support Program (ODSP), Old Age Security (OAS), Guaranteed Income Supplement (GIS), Canada Pension Plan (CPP), Quebec Pension Plan (QPP), employment earnings, Employment Insurance, private pension, private insurance, investment income and/or other.

Section 1E – Consent to release personal information

Signature of applicant

This section is to give your permission for the collection and release of information as it is collected on the application form for the sole purpose of determining or verifying your eligibility for Residential Services.

- Print your first name and last name in the box provided.
- Sign and date the form.

Witness

A witness must also sign the form. A witness is someone who observes your signature and confirms your identity.

Who can witness your signature?

- Your witness must be 18 years or older and know you for at least one year.
- Your witness cannot live at the same address as you or be related. Therefore, your spouse, partner, mother, father, child, brother, sister, aunt, uncle or cousin cannot act as your witness.

Part 2 - Health Information (Form CS-RS 894E)

Section 2A – Consent to release health information

To be completed by the applicant

Signature of applicant	<p>This section is to give your permission for the collection and release of information as it is collected on the application form for the sole purpose of determining or verifying your eligibility for Residential Services.</p> <ul style="list-style-type: none"> • Print your first name and last name in the box provided. • Sign and date the form.
Witness	<p>A witness must also sign the form. A witness is someone who observes your signature and confirms your identity.</p> <p>Who can witness your signature?</p> <ul style="list-style-type: none"> • Your witness must be 18 years or older and know you for at least one year. • Your witness <u>cannot</u> live at the same address as you or be related. Therefore, your spouse, partner, mother, father, child, brother, sister, aunt, uncle or cousin <u>cannot</u> act as your witness.

Sections 2B to 2D - To be completed by a health care professional

A health care professional such as a doctor (for example family doctor, psychiatrist, neurologist) a nurse or social worker must complete sections 2B to 2D.

If you need help to find a health care professional, you may contact your [local community centre](#).

If you do not have a health care professional, a case manager from the Community Care Access Centre (CCAC), Canadian Mental Health Association (CMHA) or other outreach worker, can complete the Health Information of the application.

5. What to do with the application once it is complete?

Once you have both the Applicant Information (Sections 1A to 1E) and the Health Information (Sections 2A to 2D) complete, submit both forms to Community Supports by e-mail, fax or mail.

E-mail (scan copy): CommunitySupports@ottawa.ca
Fax: 613-236-4560
Mail: Community Supports, 370 Catherine Street, Ottawa, ON
K1R 5T5

6. What happens next? Review for decision and appointment

Your application will undergo a detailed review by a Residential Services Worker.

If you appear to qualify for a subsidy:

- An appointment will be scheduled with a Residential Services Worker who will verify your income, assets and health information.
- For the appointment, you must bring proof (documentation) to validate the information you gave in your application.
- Refer to the [Information/Document Checklist](#) on page two for examples of applicable documents.
- Please note that missing documents may result in a delay in the application process.

If you do not appear to qualify for a subsidy, we will contact you and give you the reasons why.