



Ontario

Ministry of Community and Social Services

Appointment of Trustee

Applicant/Recipient/Participant Last Name

First Name

Member ID

FILE# 10089 ODS#

1. COMMUNITY LIVING ST-CATHERINES ST-CATHERINES, QUEBEC

accept the appointment to act for the above named applicant/recipient/participant and to receive and administer the monies paid out pursuant to the Ontario Disability Support Program Act, 1997 / Ontario Works Act, 1997 as the case may be

for the benefit of "PERSON OF SUPPORT", who presently resides at

ADDRESS OF PWS

2. I acknowledge and agree to the conditions of this appointment as set out hereafter:

- a) I will expend the income support/financial assistance issued under the Ontario Disability Support Program Act, 1997 / Ontario Works Act, 1997 solely for the direct benefit of the applicant/recipient/participant and any other member of his or her benefit unit.
- b) I will provide an accounting of monies received and expended on an annual basis or as required by the Director/Administrator.
- c) If I am appointed to act for a recipient of the Ontario Disability Support Program or for a participant of the Ontario Works Program, I will advise the Director or the Administrator as the case may be:
 - i. of any change in the circumstances of the applicant/recipient/participant;
 - ii. if and when I wish to withdraw my services as trustee for the above named person, one month in advance of my withdrawal.
- d) I will not deduct money from the income support/financial assistance as compensation or reimbursement for any expenses incurred in connection with this appointment.
- e) I agree to assist the applicant/recipient/participant in learning how to manage his or her own finances, where possible, in order to help him/her become self-sufficient.
- f) I understand that this appointment may be terminated by the Ministry/Delivery Agent or a representative of either at any time.
- g) My appointment does not place me in the position of any potential financial gain or in a conflict of interest position as a result of my appointment.
- h) I agree to act in the best interest of the applicant/recipient/participant and any other member of his/her benefit unit.
- i) I agree to provide the Director/Administrator as the case may be with any information required to review the trusteeship.

3. My relationship to the applicant/recipient/participant is COMMUNITY SERVICE PROVIDER (e.g.: spouse, friend, sibling, parent, child)

Dated at CITY OF ST-CATHERINES

this 6th day of April 2011

WITNESS SIGNATURE RES DIRECTOR IS SIGNATURE
Witness Signature of Trustee

Optional to complete:

I, _____, consent to the appointment of the above-named trustee of the income support/financial assistance received pursuant to the Ontario Disability Support Program Act, 1997 / Ontario Works Act, 1997.

Witness Signature or mark of applicant/recipient/participant

Date

For office use only

The appointment of a trustee is necessary with respect to the applicant/recipient/participant for the following reasons

Applicant/Recipient/Participant

1. is likely to use his/her income support/financial assistance other than for his/her own benefit.

2. is 16 or 17 years old.

3. other

I recommend as trustee the person who has signed above:

Signature of authorized representative SIGNATURE OF ODS# REP Date APRIL 13/2011

Address 381-383 RUELLE ST CATHARINES QN

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

This information is collected under the legal authority of the Ontario Disability Support Program Act, 1997, sections 5 & 10, or the Ontario Works Act, 1997, sections 7, 8 & 15, for the purpose of administering Government of Ontario social assistance programs. For more information contact _____ at () _____ In your local Ontario Works or ODS# office.

The appointment of a trustee is authorized under the following legislation and regulation:

- Section 17 of the Ontario Works Act, 1997
- Section 60 of Ontario Regulation 134/98
- Section 12 of the Ontario Disability Support Program Act, 1997
- Section 49 of Ontario Regulation 222/98