



Hamilton

City of Hamilton
Healthy and Safe Communities Department
Ontario Works

General Inquiries Phone: 905-546-4800

Toll-Free: 1-855-999-8729

www.hamilton.ca/ontarioworks

☐ 250 Main St. East, Hamilton, ON L8N 1H6

☐ 1550 Upper James Unit 14A, Hamilton, ON L9B 2L6

☐ 350 King St. East, Unit 110, Hamilton, ON L8N 3Y3

Fax: 905-546-2877

Fax: 905-546-1018

Fax: 905-546-3401

RESPONSIBLE ADULT ROLE AND RESPONSIBILITIES

Contact with Responsible Adult or Agency Staff

Ontario Works Regulations state that as a condition of eligibility, all youth applicants must maintain contact with a responsible adult or with a staff person of a community agency.

By maintaining contact with a responsible adult or agency staff, the adult ensures that the youth's environment is supportive of him/her in satisfying Ontario Works eligibility requirements. For example, the youth is supported in his/her regular attendance at school. The responsible adult or agency staff would also ensure that the youth uses their financial assistance toward their benefit and well being.

The responsible adult or agency staff must notify Ontario Works when it appears that the youth's living arrangements are not conducive to meeting conditions of eligibility (such as attendance at school or an appropriate living environment).

By accepting the role of responsible adult you are agreeing to take on the following responsibilities:

- Maintain regular weekly contact with the youth.
- Provide encouragement, structure, safety and provision for the necessities of life (no financial obligation).
- Ensure that the applicant attends their school or training program.
- Notify the youth's Case Manager when issues or concerns arise (example: when it appears that the youth's living arrangements are not adequate).

Please complete the attached form and return it to the Case Manager if you are accepting the role of Responsible Adult.

Please contact you Case Manager if you have any questions or if issues or concerns arise.



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Responsible Adult Agreement

Applicant Name:

Member ID:

I, _____ agree to act as the “Responsible Adult” for the above named Ontario Works Applicant.

I acknowledge that I am a mature adult (at least one generation older than the applicant).

I understand that in agreeing to take on this role that I am willing and able to:

- Maintain regular weekly contact with the youth.
- Provide encouragement, structure, safety and provision for the necessities of life (no financial obligation).
- Ensure that the applicant attends their school or training program.
- Notify the Ontario Works Case Manager when issues or concerns arise (example: when it appears that the applicant/participant’s living arrangements are not adequate).

Responsible Adult:

Date:

Address:

Phone:

Ontario Works Hamilton, working together to better the lives of the people we serve.

***Si vous désirez traduire ce document en français
s'il vous plaît contacter extension 3151, Soutien d'affaires.***

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 Family Benefits Act, R.S.O.1990.c. F.2, the Ontario Disability Support Program Act, 197 or the Ontario Works Act, 1997, for the purpose of administering the Ontario Government social assistance programs. For more information, contact your nearest Municipal or Ministry of Community and Social Services office.