

**NIPISSING FIRST NATION  
SOCIAL SERVICES  
Discretionary Benefits**

**Client Name:** \_\_\_\_\_

**Recipient of (check one):** ☐ Ontario Works      ☐ ODSP      ☐ Temp Care Assistance

**Case ID.:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Has client previously received Discretionary benefits?**

☐ Yes      ☐ No      **Date:** \_\_\_\_\_      **Amount:\$** \_\_\_\_\_

An application for financial assistance, including emergency assistance, is also an additional application for assistance. Discretionary benefits are provided on a case-by-case basis at the discretion of the Administrator.

Persons who are in receipt of regular financial assistance with Ontario Works, Temporary Care Assistance (TCA) and ODSP recipients must provide adequate documentation to support the issuance of discretionary benefits. Benefits are provided only to benefit unit members who meet the eligibility criteria. Please refer to the NFN Discretionary benefits Policy.

**REASON FOR REQUEST:**

☐ Dental Services      ☐ Vocational Training      ☐ Moving Costs

☐ Prosthetic Appliance      ☐ Travel/Transportation      ☐ Funeral/Burial

☐ Other \_\_\_\_\_

- Please insure that the verification is attached  
(This may include notes, letters, invoices, receipts and other).

**Outline details of item(s) and reason(s) for request:**

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**Date required:** \_\_\_\_\_

**Breakdown of funds required:**

Reason:	Actual Cost:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	TOTAL \$_____

**Clients Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**DECISION:**

Discretionary benefit request deemed to be:

☐ Health Related      ☐ Non-Health Related

☐ **Approved:**      Amount \$\_\_\_\_\_

☐ **Denied:**

**Reason:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administrator/Designate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cheque/PO Reference Number: \_\_\_\_\_