**Request for Internal Review**

**Member I.D. or S.I.N.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Reference # (**FOR OFFICE USE ONLY**) |

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| Mr. Last NameMsMrs.Miss | First Name | Date of Birth | Day | Month | Year |
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|  |  |  |  |  |  |
| Address (number, street, apartment number, or Rural Route) |
|  City, Town | Postal Code | Telephone Number( )  |
| Worker’s name: | Worker’s caseload number: |
| Why do you want an internal review? Please check one : |
| \_\_\_ I was refused assistance.\_\_\_ My assistance has been reduced.\_\_\_ An overpayment has been set up on my case file. | \_\_\_ My assistance has been suspended.\_\_\_ My assistance has been cancelled.\_\_\_ I was refused an additional benefit or  I disagree with the amount provided. |
| What is the date on the letter telling you about the decision? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Why do you disagree with the decision? (If more space needed, please use other side)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_An internal review is to be requested within 30 days from the day you receive the letter telling you about the decision. The decision letter informed you of the last day to request your internal review. If it is now past that date, please explain why you could not make your request earlier. The time to request an internal review will only be extended in exceptional circumstances.

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You will be told whether or not the time to request an internal review will be extended.

**Please sign this form and mail to the address above, Attention: Quality Assurance Department, or drop it off at a County of Simcoe Ontario Works satellite office.**

Signature Date

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**Legal Advice**

**For free, independent legal advice, call Simcoe Legal Services Clinic at 1-800-461-8953.**