

Ministry of Colleges and Universities Student Financial Assistance Branch

## **Purpose**

This form is needed to:

- Verify your eligibility for the Living and Learning Grant through your 2023-24 OSAP Application for Full-Time Students:
- Determine whether parental information is required on your 2023-24 OSAP Application for Full-Time Students or 2023-24 OSAP Application for Micro-credentials; and,
- Determine whether a student contribution is required on your 2023-24 OSAP Application for Full-Time Students or 2023-24 OSAP Application for Micro-credentials.

## How to complete this form

Fill out Section A and sign the consent. Forward Sections B, C and D to your Ontario Children's Aid Society (CAS). A CAS official will complete these sections and return the form to you.

You are responsible for submitting all sections of the completed form before the deadline using one of the options indicated below.

#### How to submit this form

You can upload your completed form online. Log into the OSAP website and go to your application to use the "Print or upload documents" button. Or, you can submit a paper copy as follows:

## If you're going to a school in Ontario:

Send all sections of this completed form to your school's financial aid office.

#### If you're going to a school outside of Ontario:

Send all sections of this completed form to: Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario, P7B 6G9.

#### **Deadline**

If you have submitted an OSAP Application for Full-Time Students, this form must be received by your financial aid office or the Ministry of Colleges and Universities (the ministry) no later than 40 days before the end of your 2023-24 study period.

If you have submitted an OSAP Application for Micro-credentials, this form must be received by your financial aid office no later than 5 days after the end of your 2023-24 study period.

#### Questions

#### If you're going to a school in Ontario:

Contact the financial aid office at your school.

## If you're going to a school outside of Ontario:

Contact the ministry at: Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario, P7B 6G9.

General inquiry telephone service is available Monday to Friday, 8:30 AM - 4:30 PM (Eastern Time)

- Telephone: 807-343-7260.
- Toll-free in North America: 1-877-OSAP-411 or 1-877-672-7411
- TTY: 1-800-465-3958

May 2, 2023

# Section A: Student's information Student's personal information **Social Insurance Number:** Ontario Education Number (OEN), if assigned: Last name: Date of birth: First name: Dav Month Year Student's mailing address Street number and name, rural route, or post office box: Apartment: Street number and name, rural route, or post office box: Province or state: City, town, or post office: Postal code or zip code: Country: Area code and telephone number: Information about student's school and program What is the name of the school you plan to attend or are currently attending for your 2023-24 study period? Student number at your school:

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To:

Month

Year

What are the start and end dates of your 2023-24 study period?

Day

From:

Year

Month

Day

### **Declaration of student**

I consent to the Ministry of Colleges and Universities collecting and exchanging personal information relevant to my eligibility for OSAP assistance with the Ontario Children's Aid Society.

Signature of student:	<b>Date:</b> Day Month Year
Your personal information will be used to administer a Program (OSAP), including the Living and Learning (Use of Personal Information on your application and your application. The Ministry of Colleges and Universal authority set out on your application. If you have disclosure of your personal information, contact the Eministry of Colleges and Universities, PO Box 4500, 6G9; 807-343-7260.	Grant, as set out in the notice of Collection and in accordance with the consents you signed on rsities administers and finances OSAP under the eany questions about the collection, use and Director, Student Financial Assistance Branch,
Section B: Client's status with the Ontario Ch	ildren's Aid Society
Client information	
Last name:	
First name:	Date of birth:
	Day Month Year
Check the FIRST statement that applies to the client	indicated above (see notes on next page):
23 years of age or older and previously received support for youth under section 124 of the Child,	
Aged 18, 19, 20, 21 or 22 and currently receiving under s.124 of the CYFSA.	continued care and support for youth allowance
Aged 18, 19, 20, 21 or 22 and eligible to receive under s.124 of the CYFSA, but not receiving the	
Under 18 years of age and currently in extended customary care agreement or a protection custoo Youth Services Agreement.	

Continued on the next page.

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2023-24 OSAP: Verification of Status with Ontario's Children's Aid Society (CAS)						
Previously was a Crown ward or in extended society care then:						
☐ Adopted on or after August 1, 2013 through a public ado	ption.					
Other (e.g., adopted prior to August 1, 2013 through a pufamily).	ublic add	option,	returned	to birth		
☐ None of the above apply.						
<ul> <li>Notes:</li> <li>A youth is placed in extended society care pursuant to a cour <i>Family Services Act, 2017</i>.</li> <li>Eligibility for continued care and support for youth under sect aged 18, 19, 20, 21 and 22 who had extended society care si subject to a protection (formal) customary care agreement or 18; or were receiving support under a Voluntary Youth Servic provided by a Children's Aid Society to youth aged 23 or older and support for youth.</li> <li>Public adoptions are adoptions of children in the permanent of formerly known as Crown wards. All public adoptions are care</li> </ul>	ion 124 tatus that a prote es Agreer is not care of a	of the ( at expirection coment a consider	CYFSA ed at ag ustody c at age 18 ered con en's Aid	includes e 18; wer order at a 8. Fundin tinued ca Society,	youth re ge ng are	
Section C: Ontario Children's Aid Society information						
Official at Children's Aid Society						
First name:						
Last name:						
Title:						
Area code and telephone number: Extension:						
Children's Aid Society office address						
Street number and name, rural route, or post office box:		Provi	nce:			
City, town, or post office:		Posta	l code:			
			1 1			
Section D: Children's Aid Society official's declaration						
I am designated by the Children's Aid Society to confirm the status of the client indicated and certify that the information is correct.						
Signature of Children's Aid Society official:	Date:		N 1 = 1 + 1 -	V		
		Day	Month	Year	1	
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