Ministry of Colleges and Universities Student Financial Assistance Branch

2024-25 OSAP: Verification of Status with Ontario's Children's Aid Society (CAS)

Purpose

This form is needed to:

- Verify your eligibility for the Living and Learning Grant through your 2024-25 OSAP Application for Full-Time Students;
- Determine whether parental information is required on your 2024-25 OSAP Application for Full-Time Students or 2024-25 OSAP Application for Micro-credentials; and,
- Determine whether a student contribution is required on your 2024-25 OSAP Application for Full-Time Students or 2024-25 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 2024-25 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 2024-25 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

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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 2024-25 study period? Student number at your school:

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To:

Month

Year

What are the start and end dates of your 2024-25 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:		Day	Day Month Year		
		Day		l Cai	1
Your personal information will be used to administer and finant Program (OSAP), including the Living and Learning Grant, as Use of Personal Information on your application and in accord your application. The Ministry of Colleges and Universities ad legal authority set out on your application. If you have any que disclosure of your personal information, contact the Director, S Ministry of Colleges and Universities, PO Box 4500, 189 Red 6G9; 807-343-7260.	set out in lance with ministers estions ab Student Fi	the no the co and fir oout the nancia	otice of Consents nances (e collect I Assista	Collection you signe OSAP und tion, use a ance Brar	and ed on der the and nch,
Section B: Client's status with the Ontario Children's	Aid Soc	iety			
Client information					
Last name:					
First name: Date of Day	birth: Month	Year			
Check the FIRST statement that applies to the client indicated	l above (s	ee not	es on ne	ext page):	!
23 years of age or older and previously received or was el support for youth under section 124 of the <i>Child, Youth and</i> allowance through the Ready, Set, Go program).					
Aged 18, 19, 20, 21 or 22 and currently receiving continue under s.124 of the CYFSA (i.e., an allowance through the			,		wance
Aged 18, 19, 20, 21 or 22 and eligible to receive continued under s.124 of the CYFSA, but not receiving any (i.e., an a program).					
Under 18 years of age and currently in extended society of customary care agreement or a protection custody order, of Youth Services Agreement.					ntary

Continued on the next page.

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☐ Previously was a Crown ward or in extended society care the	en:					
☐ 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.						
 Notes: A youth is placed in extended society care pursuant to a cour <i>Family Services Act, 2017</i>. Eligibility for continued care and support for youth under sect aged 18, 19, 20, 21 and 22 who had extended society care significant 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. Public adoptions are adoptions of children in the permanent of formerly known as Crown wards. All public adoptions are care 	ion 124 tatus that a prote es Agree er is not o	of the (at expire ection c ement a conside	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:		Provii	nce:			
City, town, or post office:		Posta	l code:			
oity, town, or post office.			i couc.	7 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 l	Month	Year	1	

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