

Information about the Request for an Accommodation

Background

1. The eligibility requirement for an OTG include the following:
 - a. You must be a full-time student (enrolled in at least 60% of a full course load, or 40% of a full course load if you are a person with a disability, as determined by your postsecondary institution);
 - b. You must have stopped attending high school on a full-time basis less than four years before the start of your program of study, or stopped attending high school on a full-time basis less than six years before the start of your program of study if you have a permanent disability.
2. You may receive an OTG for a maximum of two (2) terms per year for four (4) years or a maximum of two (2) terms per year for six (6) years if you have a permanent disability.

Purpose

You may request an accommodation so that you do not have to meet the eligibility requirement set out in section 1(b) of the Background above if you were unable to attend four (4) years of full-time postsecondary studies since completing high school (or 6 years of full-time studies if you have a permanent disability) for one of the following reasons:

1. You were unable to attend full-time postsecondary studies because of a medical condition or disability-related leave (e.g., hospitalization, treatment program, relapse, injury).
2. You were unable to attend full-time postsecondary studies because you were required to provide care to a dependent child.
3. You were unable to attend full-time postsecondary studies because you were required to provide care to a dependent parent or spouse who required care because of a medical condition or disability.

For the purposes of this application, a spouse means the person to whom the applicant is married or with whom the applicant is living in a conjugal relationship outside marriage.

If your request for an accommodation is approved, you must apply for and meet all other eligibility requirements in order to receive the OTG. Please review the OTG eligibility requirements at www.ontario.ca/osap prior to requesting an accommodation.

How to Apply

You must complete this Request for an Accommodation form and submit all supporting documentation. If the request for an accommodation is approved, you will be advised by the Ministry in writing. If you have not submitted an OSAP or OTG application upon approval of your Request for Accommodation, you will be required to do so.

When to Apply

To be considered for the OTG in your current study period, a completed Request for an Accommodation form and all supporting documentation must be submitted, to the address indicated below, 90 days before the end of your current study period, in accordance with the general OTG application deadline. For example, if your program runs from September 4, 2012 to April 30, 2013, you must submit your application for the OTG and your Request for an Accommodation form along with all supporting documentation by January 30, 2013.

Where to Send Documents

The Request for an Accommodation form and all supporting documentation should be sent to the Ministry at the following address:

Attn: OTG Accommodation Request
Director, Student Financial Assistance Branch
PO Box 4500
189 Red River Road, 4th Floor
Thunder Bay, ON P7B 6G9

You should consider sending the documents by secure means (i.e., registered mail or courier)

Questions?

Please direct any questions regarding the Request for an Accommodation for the OTG to the OTG Hotline at: 1-888-449-4478.

Section A: Applicant's Information

Social Insurance Number:

Student number at your school (optional):

Ontario Education Number (OEN) if assigned to you by the Ministry of Education (optional): ¹

¹ OEN is a student identification number assigned by the Ministry of Education to Ontario elementary and secondary students. This unique number is used as the key identifier on a student's school records, and follows the student through his or her elementary and secondary education. For more information call (416) 325-2929 or 1-800-387-5514.

Last name:

First name:

Date of birth:

Day Month Year

Email address:

Permanent Canadian Address

You must provide a Canadian address. Your mail will be sent to this address unless you provide a different one in the "Mailing Address" section.

Street number and name, rural route, or post office box:

Apartment:

City, town, or post office:

Province:

Postal code:

Area code and telephone number:

Mailing Address

You can provide a mailing address that will be used instead of your permanent Canadian address.

Is your mailing address the same as your permanent Canadian address?

Yes

No - provide your mailing address below.

Street number and name, rural route, or post office box:

Apartment:

Street number and name, rural route, or post office box:

Province:

City, town, or post office:

Postal code:

Country:

Area code and telephone number:

Section C: Documents You Need to Provide

You must provide a written statement explaining your reason(s) for not attending full-time postsecondary studies for the identified time period(s).

Additional documentation is required to support your request for an accommodation as follows:

1. Applicant's medical condition or disability-related leave:
 - Documentation from your physician or other regulated health professional (including contact information for the physician) indicating the medical/disability-related condition and the reason for non-attendance of full-time postsecondary studies.
2. Care of dependent child(ren):
 - Proof of child's date of birth (copy of birth certificate or statement of live birth); AND
 - For a dependent child over 1 year of age: documentation from the child's physician or other regulated health professional (including contact information for the physician) indicating the nature of the child's condition requiring care and the nature of the care provided, including the amount of care required (e.g., during a typical week) and the time period for which this care was required.
3. Care of dependent spouse or parent:
 - Documentation from the spouse's/parent's physician or other regulated health professional indicating the nature of the spouse's/parent's condition requiring care and the nature of the care provided, including the amount of care required (e.g., during a typical week) and the time period for which this care was required.

Please note: Any cost in obtaining information required to complete this Request for an Accommodation is your responsibility.

Section D: Notice, Declarations and Consent

Collection and Use of Personal Information

The personal information provided in connection with this application will be used by the Ministry of Training, Colleges, and Universities (the "Ministry") to administer the OTG Accommodation, under the authority of the *Ministry of Training, Colleges, and Universities Act*, O. Reg. 118/07 and the *Financial Administration Act*. The Ministry may use third parties to administer the OTG Accommodation.

Administration includes: determining the applicant's eligibility for an accommodation, verifying the application, maintaining and auditing the applicant's OTG file, enforcing the legislation set out above and the applicant's agreements with the Ministry, planning, delivering, evaluating, and monitoring the OTG for program quality and improvements in both content and delivery; conducting risk management; error management, audit and quality assessment activities; conducting policy analysis, evaluation, surveys, and research related to all aspects of the OTG.

If you have any questions about the collection or use of this information, contact the Director, Student Financial Assistance Branch, Ministry of Training, Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON, P7B 6G9.

Declarations and Consent

Applicant's Declaration and Consent

- I have given complete and true information on this form and I agree to provide any additional supporting documentation that the Ministry may require.
- I understand that the information I provide may be verified and audited and, for these purposes, I agree that the Ministry can collect relevant personal information about me from any third parties identified (including my former or current postsecondary institution) on this form, and in all other communications related to this application.
- I understand that the Ministry may need to contact the physician or other regulated health professional who completed any medical documentation in connection with this Request for an Accommodation form for the purposes of determining my eligibility for an accommodation for the OTG. For these purposes, I authorize the physician or other regulated health professional who provided documentation to discuss with employees or auditors of the Ministry anything related to this request for an accommodation, including my personal health information within the meaning of the *Personal Health Information Protection Act, 2004*.

I have read and understand this form, including the Notice of Collection and Use of Personal Information, and I consent to the indirect collection, use, and disclosure of my personal information.

Applicant's Signature

X

Date

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Day Month Year

Consent and Declaration of Dependent Spouse, Parent, or Child (16 years of age or older)

- I understand that information about my medical condition is relevant to the determination of the applicant's eligibility for an accommodation, and I have given complete and true information on this form. I agree to provide any additional supporting documentation that the ministry may require.
- I understand that the Ministry may need to contact the physician or other regulated health professional who provided information about my medical condition in connection with this Request for an Accommodation form for the purposes of determining the applicant's eligibility for an accommodation for the OTG. For these purposes, I authorize the physician or other regulated health professional who provided documentation to discuss with employees or auditors of the Ministry anything related to this request for an accommodation, including my personal health information within the meaning of the *Personal Health Information Protection Act, 2004*.

I have read and understand this form, including the Notice of Collection and Use of Personal information and I consent to the indirect collection, use and disclosure of my personal information.

Signature of Dependent Spouse, Parent, Child, or Attorney

X

Date

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Day Month Year