

This is an agreement between _____
(name of client)
and the Ministry of Community and Social Services.

This Employment Supports Funding Agreement (ESFA) includes information about your:

- Competitive employment plan;
- Rights and responsibilities; and
- Terms and conditions.

You and the ODSP caseworker must sign this Employment Supports Funding Agreement (ESFA) before you begin to receive services from a service provider.

Competitive Employment Plan

My competitive employment plan will include the following steps:

Step 1 – I have selected a service provider to help me to obtain and maintain competitive employment.

Step 2 – I will work with my chosen service provider to determine whether I am ready and able to prepare for, obtain and maintain competitive employment. I will work with my service provider to determine the steps of my employment plan and the goods and services that may be required to achieve my employment goal.

Step 3 – My goal is to be placed in competitive employment or to start a business.

Step 4 – I will continue to work with my service provider in order to retain my job, and where possible, increase my earnings.

Rights

- I have an active role in setting employment goals and completing the steps necessary to find and keep a job.
- I have access to a range of job placement and retention services, as well as work-related and self-employment supports in order to help me find and keep a job.
- I am entitled to respectful, responsive service from ODSP staff and service providers.
- The information I provide to ODSP Employment Supports or service providers will be kept confidential.
- ODSP Employment Supports will write to tell me of any eligibility decisions they make and the reasons for making the decision.
- I can ask to have decisions related to my eligibility for the program or the suspension or cancellation of my employment supports reviewed by an independent Dispute Resolution Committee.

Responsibilities

- I must intend to and be able to prepare for, obtain and maintain competitive employment.
- I am responsible for providing all documentation required to demonstrate initial and ongoing eligibility.
- If I am in receipt of ODSP Income Support, I will report all employment earnings or self-employment/business income and expenses to my ODSP office.

Terms and Conditions

- I agree to participate in job placement and retention or self-employment activities as determined in an employment plan developed between myself and my chosen service provider.
- I understand that I must complete the steps in my employment plan to the best of my abilities in order to continue receiving ODSP Employment Supports.
- I will let my service provider know of any changes that may affect my ability to complete my employment plan (i.e. change of address, medical concerns, plans to withdraw from the program, if I start or stop working, etc.).
- When I get a job, I will let my service provider know the name of my employer, my job title, my wages, and the number of hours I am working (e.g. copy of pay stub). I must let my service provider know if I am still working and provide verification of employment as requested by the service provider. I will also report any self-employment/business income and expenses to my service provider each month.
- The Ministry of Community and Social Services has the right to cancel or suspend my Employment Supports under the Ontario Disability Support Program Act, 1997, section 36 if (for example) I:
 - become ineligible for the program
 - do not provide the necessary information to determine ongoing eligibility
 - fail to make satisfactory progress toward obtaining and maintaining competitive employment
 - receive funding directly for the purchase of goods/services but do not use the money to buy approved employment supports.
- If I stop participating in the ODSP Employment Supports program before getting a job or starting my business, I agree to return equipment bought with ODSP Employment Supports funding, if requested.
- If I leave ODSP Employment Supports before getting a job, starting my business, or I am unable to retain employment, I may be required to meet specific conditions before reapplying to the program.
- If I have any concerns with the quality of services I receive, I will discuss my concerns with my service provider. If I still have concerns, I may file a complaint with ODSP staff.
- If I am not able to prepare for, obtain, or maintain competitive employment, as determined by the Ministry, I will not be eligible to receive ODSP Employment Supports.

This Employment Supports Funding Agreement will apply for the duration of my participation in ODSP Employment Supports.

I understand my rights and responsibilities and agree to the terms and conditions of this agreement.

*

Signature of Applicant

Date (yyyy/mm/dd)

Signature of ODSP Ministry Official

Date (yyyy/mm/dd)

* In situations where the applicant is unable to sign this agreement, by reason of physical or mental disability, the signature of the trustee, legal guardian or, if there is no legal guardian, the next of kin (with the applicant's verbal consent), will suffice.

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)

The information is collected under the legal authority of the *Ontario Disability Support Program Act*, S. O. 1997, c.25, Schedule B, sections 32 and 33 for the purpose of providing employment supports to enable persons with disabilities to obtain and maintain employment. For more information contact

_____ at () _____ ,

in your local Ontario Disability Support Program Office.