TRANSPORTATION REQUEST FORM

Benefits For Ontario Works Participants

Please return form to the address indicated below:

☐ 25 Central Ave., West, Suite 200
Brockville, ON K6V 4N6
Tel.: 613-342-3840 or 1-800-267-8146
Fax: 833-775-0561

☐ **Office Location:**
360 King St., W., Prescott, ON
Tel.: 613-925-0001 or 1-800-406-0420
Fax: 613-925-0301
Mailing Address:
25 Central Ave., West, Suite 200
Brockville, ON K6V 4N6

☐ 375 William St., South, Suite 100
Gananoque, ON K7G 1T2
Tel.: 613-382-8220 or 1-866-880-8284
Fax: 613-382-7599

Client Name: _____ **Date Submitted:** _____ (dd/mm/yy)

Phone Number: _____ **Case Manager:** _____

☐ **Medical** ☐ **Education** ☐ **Job Search** ☐ **Volunteering**

Date of Appointment /Activity (dd/mm/yy)	**Destination** (location of appointment)	**Total Kilometers** (Round Trip)	**Verification Attached** i.e. Appointment Card, Attendance Record (If "YES", check box ☑)	**Receipts Attached** i.e. Parking/ Gas/Driver (If "YES", check box ☑)
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Please forward completed form to your Case Manager with verification attached.

Claimants Signature: _____