



Community and Social Services Division
Discretionary Benefit Request Form

Client Information
Client Name, Client Number, Current Address, Date Required, Name of Case Manager, Discretionary Benefit Requested, Request Amount, Request Description and Reason, Documentation required, Client Signature, Staff Use Only, Verification Attached, Quotes Attached, Date Received, Staff Signature, Request (Approved/Denied), Supervisor Signature, Date Client Letter Sent

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

Mailing Address:
25 Central Ave., West, Suite 200
Brockville, ON K6V 4N6
Office Location:
360 King St., W., Prescott, ON
Tel.: 613-925-0001 or 1-800-406-0420
Fax: 833-775-0561

375 William St., South, Suite 100
Gananoque, ON K7G 1T2
Tel.: 613-382-8220 or 1-866-880-8284
Fax: 833-775-0561