

In order to determine your eligibility for assistance, you are required to make every reasonable effort to secure support from the below mentioned person on behalf of yourself and/or child (children). It is your responsibility to pursue support on an ongoing basis and to make every reasonable effort to locate the absent person(s).

Name of Participant _____ Caseworker No. _____

1. Information about absent person

Last Name	_____	First Name	_____	Date of Birth	_____
Last Known Address _____					

2. Who did you contact to locate the absent person?

Parents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other Relatives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Friends	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please specify the full name and address of each contact person, the date of the contact and the result of the contact (i.e. what did the contact person tell you?)

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3. What other efforts have you made?

Have you visited absent person's Employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you visited absent person's Last Known Address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you visited absent person's school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you looked through the phone book?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you returned to where you met the absent person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other –include details of Internet Searches (i.e. 411/Reverse Key (please specify below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please record details below such as the address of the place(s) you went to, who you spoke to and a contact number, which phone book(s) you searched, the date that you did this, and any other efforts you have made to locate the absent person.

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Your written efforts must be submitted to your Caseworker by Date. Failure to submit this information may result in the cancellation of your assistance.

I have read and understood my responsibility to pursue support on an ongoing basis and to make every reasonable effort to locate the absent person(s).

Signature of Participant _____ Date _____

Notice With Respect To the Collection of Personal Information
(Municipal Freedom of Information and Protection of Privacy Act)

Personal information on this form is collected under the authority of the Ontario Works Act, 1997, c. 25, Sch. A, s. 21. This information will be used for the purpose of providing social assistance to qualifying applicants, withholding assistance from those not qualified and for investigating fraud. Questions about this collection should be directed to the Region of Peel, Human Services Department, Program and Business Support Unit, 10 Peel Centre Dr., Suite B, PO Box 2700 STN B, Brampton ON L6T 0E4, 905-793-9200.