



Ministry of
Community and
Social Services

Confidential

157742



Date October 15, 1984

Director Medical Records
Huron Regional Centre
Hwy. 11B
P.O. Box 1000
Orillia, Ontario
L3V 6L2

Dear Sir/Madam:

Re:
D.O.B. 49

The above-named individual has applied to the Ontario Ministry of Community and Social Services for consideration as a recipient of Family Benefits. In order for eligibility to be established under this program, it must be determined that a physical or mental impairment exists sufficient to render the applicant disabled and, therefore, unable to engage in remunerative employment for a prolonged period of time, or in the activities pertaining to normal living.

In view of your previous involvement with the above-named individual, it would be appreciated if you could provide us with as much information as possible, from your records, to enable us to arrive at a determination with respect to program eligibility. If possible, this should include specific information with respect to:

May we please have medical report.

As you will notice on the attached form, the above-named applicant has provided the necessary authorization for you to disclose this information to the Ministry.

At the present time, there is no provision under *the Family Benefits Act* and Regulation to reimburse you for supplying the required supplementary information from your files.

Your co-operation and assistance is appreciated.

Yours sincerely,



Member, Medical Advisory Board
Ministry of Community and Social Services

Encl. Form 14.