Ontario

Ministry of Children, Community and Social Services
Ontario Disability Support Program
Ontario Works

Instruction Sheet

How to apply for a Special Diet Allowance:

Step 1

Complete section 1.

Step 2

Take the application form to a health care professional to complete.
Only health care professionals who are listed in section 2 of the form can complete it for you.

Step 3

The person applying for the Special Diet Allowance, or someone lawfully authorized to sign on their behalf, for example a trustee, must sign section 4 after the health care professional completes the form.

If the Special Diet Allowance is for a child under 16, then section 4 must be signed by the social assistance applicant/recipient or other individual who is lawfully authorized to sign on behalf of the child, for example the child's parent or guardian.

Important: The application will not be approved if section 4 is not signed.

Step 4

Once the form is completed and signed by both the applicant/recipient and the health care professional, return the original to your local Ontario Works or ODSP office. You can drop it off in person or you can mail it.

Note: Photocopies will not be accepted.

Ontario

Ministry of Children, Community and Social Services
Ontario Disability Support Program
Ontario Works

Application for Special Diet Allowance

For Local Office Use Only	
Date Received	Local ODSP/OW Office Stamp

OHIP Fee Code
K055

Section 1 - To be completed by applicant (also see section 4)

Applicant Information

Last Name	First Name	Initial
Jenkins	Sarah	

Date of Birth (yyyy/mm/dd)	Member ID	Relationship to recipient
06/15/1985	98765432-1	☑ self ☐ spouse ☐ dependent child or dependent adult

Section 2 - To be completed by an approved health care professional (see list below)

This application must be completed by one of the following approved health care professionals:

- A Physician
- A Registered Nurse in the Extended Class
- A Registered Dietitian
- A Registered Midwife or a Traditional Aboriginal Midwife recognized and accredited by their Indigenous community. (**Note**: A Registered Midwife or a Traditional Aboriginal Midwife, who is recognized and accredited by their Indigenous community, may only confirm that a special diet is required for the medical condition inadequate lactation to sustain breastfeeding or breastfeeding is contraindicated.)

Instructions

1. When completing section 3, 1) place a check mark next to the applicant's medical condition that requires a special diet, 2) indicate the length of time the diet is required and 3) initial in the space provided to confirm the medical condition.
2. Complete the information below and sign.

First Name	Last Name	Initial
Emily	Carter	E

Unit Number	Street Number	Street Name
	789	Oak Avenue

City/Town/Municipality	Province	Postal Code
Toronto	ON	M4P 2L7

Telephone Number	Fax Number

I am a legally qualified:

- ☑ Physician
- ☐ Registered Nurse in the Extended Class
- ☐ Registered Dietitian
- ☐ Registered Midwife or a Traditional Aboriginal Midwife recognized and accredited by their Indigenous community

Stamp (optional)

Dr. Emily Carter, MDLicense #:

and I confirm that I have indicated a total of 3 (e.g., one, two, etc.) medical condition(s) on this application form for which the applicant requires a special diet and that the information I have provided is true in my professional opinion.

Dr. Emily Carter, MD
Signature of approved health care professional

02/10/2026
Date (yyyy/mm/dd)

Note: The Criminal Code of Canada s.s. 380 (1) states that everyone who by deceit, falsehood or other fraudulent means defrauds the public of any property, money or valuable security, is guilty of an offence. The *Ontario Works Act*, *1997*, Sec. 79/*Ontario Disability Support Program Act*, *1997*, Sec. 59 states a person who knowingly aids or abets another person to obtain or receive assistance to which the other person is not entitled under this Act and the regulations is guilty of an offence.

Payment – If you are a Registered Nurse in the Extended Class, a Registered Dietitian, a Registered Midwife or a Traditional Aboriginal Midwife recognized and accredited by your Indigenous community, please forward your invoice in the amount of $20.00 to the appropriate local Ontario Works office or ODSP office noted at the top of the application form. Please be sure to include the applicant's name and Member ID on the invoice.

Section 3 - Special Diet Allowance

Medical condition that requires a special diet	Length of time the special diet is required for the medical condition	Confirmation of medical condition
☑ Allergy to wheat	☐ 6 m ☐ 12 m ☑ indefinite	EC Health care professional's initials
☑ Celiac disease	☐ 6 m ☐ 12 m ☑ indefinite	EC Health care professional's initials

Note: Where both of the above conditions are indicated, only one allowance amount will be provided.

☐ Congenital heart defect – Have had Ross procedure or arterial switch procedure or have coexisting coarctation of aorta	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials
☑ Diabetes	☐ 6 m ☐ 12 m ☐ indefinite	EC Health care professional's initials
☐ Extreme Obesity: Class III BMI>40	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials
☐ Gestational Diabetes (**Note**: Allowance will be provided during pregnancy and for 3 months post partum).	Expected delivery date (yyyy/mm/dd)	Health care professional's initials
☐ Hypercholesterolemia/Hyperlipidemia	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials
☐ Hypertension	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials
☐ Prader-Willi Syndrome (Red, Yellow, Green Diet)	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials

Note: Where more than one of the above 7 conditions is indicated, only one allowance (the highest) will be provided.

☐ Dysphagia requiring thickened fluids	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials

☐ Allergy to milk/dairy	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials
☑ Lactose intolerance	☐ 6 m ☐ 12 m ☑ indefinite	EC Health care professional's initials

Note: Where both of the above conditions are indicated, the allowance amount for allergy to milk/dairy will be provided.

☐ Inadequate lactation to sustain breast-feeding or breast-feeding is contraindicated	Infant's date of birth (yyyy/mm/dd)	EC Health care professional's initials

Note: A Special Diet Allowance will be paid during the first 12 months of an infant's life if formula is necessary due to inadequate quantity of breast milk or breast-feeding is contraindicated and the infant requires supplementation to maintain weight.

☐ Osteoporosis	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials

Medical condition that requires a special diet	Length of time the special diet is required for the medical condition	Confirmation of medical condition
☐ Renal Failure – pre-dialysis (GFR<30)	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials
☐ Renal Failure – peritoneal/hemodialysis	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials
Unintended weight loss due to Renal failure (GFR<30) (please check the degree of weight loss): ☐ >5% and ≤10% weight loss ☐ >10% weight loss	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials

Note: Where more than one of the above three conditions are listed on the application form, only one allowance (the highest) will be provided.

☐ Rett Syndrome (BMI <18.5)	☐ 6 m ☐ 12 m	Health care professional's initials

Notes:

1) Where Rett Syndrome (BMI <18.5) is indicated together with one or more of the following conditions: Chronic Hepatitis C (BMI <25), Chronic wounds or burns (any stage or percentage of body surface area), Renal Failure (Pre-Dialysis or Peritoneal /Haemodialysis), or any unintended weight loss conditions, only one allowance (the highest) will be provided.
2) Rett Syndrome (BMI <18.5) is only eligible for 6 or 12 month durations.

☐ Chronic hepatitis C (BMI <25)	☐ 6 m ☐ 12 m	Health care professional's initials
☐ Chronic wounds (Stage 1 & 2) or burns (1-10% body surface area)	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials
☐ Chronic wounds (Stage 3 & 4) or burns (>10% body surface area)	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials

Notes:

1) Where more than one of the above three conditions are indicated, only one allowance amount (the highest) will be provided.
2) Chronic Hepatitis C (BMI <25) is only eligible for 6 or 12 months durations.
3) Where Chronic Hepatitis C (BMI <25) is indicated together with unintended weight loss (any condition), only one allowance amount (the highest) will be provided.
4) Where Chronic Hepatitis C (BMI <25) is indicated together with Renal Failure (Pre-Dialysis or Peritoneal /Haemodialysis) or unintended weight loss due to Renal Failure, only one allowance amount (the highest) will be provided.

Unintended weight loss due to one or more of the following conditions (please check the degree of weight loss): ☐ >5% and ≤10% weight loss ☐ >10% weight loss Amyotrophic Lateral Sclerosis Anorexia Nervosa Chronic Hepatitis C (BMI <25) with Interferon Treatment Cirrhosis (stage 3 and 4) Congestive Heart Failure Crohn's Disease Cystic Fibrosis HIV/AIDS Huntington Disease Lupus Malignancy Multiple Sclerosis Muscular Dystrophy Ostomies Pancreatic Insufficiency Parkinson Disease Short Bowel Syndrome Ulcerative Colitis	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials

Notes:

1) Where Chronic Hepatitis C (BMI <25) with interferon treatment is indicated together with one or more of the following conditions: Chronic Hepatitis C (BMI <25), Chronic Wounds or Burns (any stage or percentage of body surface area) or Renal Failure (Pre-Dialysis or Peritoneal/Haemodialysis), only one allowance (the highest) will be provided.
2) Only one unintended weight loss special diet will be provided per applicant/recipient. This includes unintended weight loss due to Renal Failure. If more than one unintended weight loss special diet are indicated, only one allowance (the highest) will be provided.

Section 4 - Applicant Declaration & Consent for Release of Information

The person applying for the Special Diet Allowance, or someone lawfully authorized to sign on their behalf, must sign this declaration and consent for release of information.

If the Special Diet Allowance is for a child under 16, then this declaration and consent for release of information must be signed by the social assistance applicant/recipient or other individual who is lawfully authorized to sign on behalf of the child.

Important: the application will not be approved if the declaration and consent to release of information is not signed

I declare to the best of my knowledge that the information on this form is true, correct and complete and I consent to the release, by the health care professional who has completed this form, to the Ministry of Children, Community and Social Services ("ministry") and/or a delivery agent designated under the *Ontario Works Act*, *1997* ("delivery agent"), of any information in my health records relating to the information provided on this application form. I understand that the ministry and/or delivery agent would be using this information in my health records to determine my initial eligibility or ongoing eligibility for the Special Diet Allowance.

I have read and signed this consent freely and voluntarily. I understand that I can refuse to sign the consent but that the Special Diet Allowance will not be provided if the consent is not signed. I understand that I can revoke or amend the consent at any time but that this may affect my eligibility for the Special Diet Allowance.

Sarah Jenkins	02/10/2026
Signature of applicant or other lawfully authorized individual	Date (yyyy/mm/dd)

Note: The Criminal Code of Canada s.s. 380 (1) states that everyone who by deceit, falsehood or other fraudulent means defrauds the public of any property, money or valuable security, is guilty of an offence. The *Ontario Works Act*, *1997*, Sec. 79/*Ontario Disability Support Program Act*, *1997*, Sec. 59 states that anyone who knowingly obtains or receives a benefit or assistance that they are not entitled to obtain or receive under the Act and the regulations is guilty of an offence.

Notice with Respect to the Collection of Personal Information

(*Freedom of Information and Protection of Privacy Act*)

(*Municipal Freedom of Information and Protection of Privacy Act*)

The information on this application form is collected under the legal authority of the *Ontario Disability Support Program Act*, *1997*, sections 5, 10, 45 and 46 or the *Ontario Works Act*, *1997*, sections 7, 8, 57 & 58 for the purpose of administering Government of Ontario social assistance programs including determining recipient eligibility for the Special Diet Allowance ("Allowance") and monitoring that the Allowance is properly issued in accordance with the eligibility requirements and purpose of the Allowance by compiling trends and/or data with respect to: Allowance usage, the medical conditions for which recipients qualify under the Allowance, and the completion of the Allowance form.

For more information contact Sarah Jenkins at 416-555-0199, in your local Ontario Works or ODSP office.

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