

Instructions

Please be sure to have all supporting documents with you.

Veillez vous assurer d'apporter tous les documents exigés.

A. Personal information

All applicants must complete this section.

If your mailing address is a P.O. Box, Rural Route, or General Delivery, then you must provide your civic address in the residence address section. You will be asked to provide a document that proves you reside permanently in Ontario. Please refer to *the Ontario Health Coverage Document List* for acceptable documents that can be presented for residency.

A. Renseignements personnels

Tous les auteurs d'une demande doivent remplir cette section.

Si votre adresse postale est une case postale, une route rurale ou la poste restante, vous devez fournir votre adresse municipale dans la section Adresse résidentielle. On vous demandera de fournir un document prouvant que vous résidez en Ontario de façon permanente. Veuillez vous reporter à la *Liste des documents* qui sont acceptés afin de prouver votre lieu de résidence.

B. New or Returning Residents of Ontario

If you are new to Ontario or you are returning from an absence from Ontario, complete this section.

B. Résidents qui arrivent ou reviennent en Ontario

Si vous arrivez en Ontario ou que vous revenez en Ontario après vous en être absenté, remplissez cette section.

C. Citizenship / Immigration Status

All applicants must indicate their citizenship / immigration status.

If you are *new*, or *returning* to Ontario, you will be asked to show a document proving your citizenship / immigration status in Canada. Please refer to *the Ontario Health Coverage Document List* for acceptable documents that can be presented for evidence of citizenship or immigration status.

If you are *renewing* your photo Health Card and your immigration status has changed since the issuance of your photo Health Card, you must bring in your current citizenship/immigration status document.

C. Citoyenneté ou statut d'immigrant

Tous les auteurs d'une demande doivent indiquer s'ils ont la citoyenneté canadienne ou quel est leur statut d'immigrant.

Si vous *arrivez* ou que vous *revenez* en Ontario, on vous demandera de produire un document prouvant que vous avez la citoyenneté canadienne ou votre statut d'immigrant. Veuillez vous reporter à la *Liste des documents* qui sont acceptés afin de prouver votre citoyenneté ou votre statut d'immigrant.

Si vous *renouvelez* votre carte Santé avec photo et que votre statut d'immigrant a changé depuis que vous avez obtenu votre carte Santé avec photo, vous devez apporter votre document à jour afin de prouver votre citoyenneté ou votre statut d'immigrant.

D. Agreement

If you are over the age of 16 you must read and sign this section. Your photograph will be taken and will appear on your Health Card. A parent or legal guardian may sign for applicants under the age of 16 years.

Note: Health Cards for children under 15 1/2 years of age:

a) Children under 15 1/2 years of age will not have a photograph taken therefore they do not need to be present to be registered. A parent or legal guardian should bring the child's original documents and this form to any OHIP Office.

b) If you have a child who will be turning 16 within the next 6 months, he/she can obtain a photo Health Card and will need to apply in person.

D. Entente

Si vous avez plus de 16 ans, vous devez lire et signer cette section. On prendra votre photo pour votre carte Santé. Votre père, votre mère ou votre tuteur légal devra signer si vous avez moins de 16 ans.

Nota : carte Santé pour les enfants de moins de 15 ans et demi :

a) Dans le cas des enfants de moins de 15 ans et demi, une photo ne sera pas prise; par conséquent il ne sera pas nécessaire que l'enfant soit présent pour son inscription. Un des parents ou le tuteur légal doit apporter les documents originaux de l'enfant et la présente formule au bureau de l'Assurance-santé.

b) Si vous avez un enfant qui atteindra l'âge de 16 ans au cours des six prochains mois, cet enfant peut obtenir une carte Santé avec photo, mais il devra présenter sa demande en personne.

If you are **new or returning to Ontario**, complete sections A, B, C and D.
 If you are **renewing** your photo Health Card, complete sections A and D.

Refer to the **Ontario Health Coverage Document List** for the list of documents you will need to present with your application.
 Please print and use a blue or black pen.

A. Personal information

Last name			First name			Middle name			Sex <input type="checkbox"/> M <input type="checkbox"/> F		
Date of birth yyyy mm dd			Official language preference? <input type="checkbox"/> English <input type="checkbox"/> French			Have you ever had an Ontario Health Number? <input type="checkbox"/> yes <input type="checkbox"/> no			If yes, what was the number?		
Home telephone no. ()				Work or other telephone no. () ext.							
Mailing address			Apartment		Street number and name, or P.O. box number, R.R., General Delivery						
City			Province		Postal code		Country				
Residence address <i>(if different from above)</i>			Apartment		Street number and name, or lot, concession, and township						
City			Province ON		Postal code		Country CANADA		Date moved to this address yyyy mm dd		

B. New or returning residents of Ontario

Where did you move from? <i>(Apartment number, street number and name)</i>						City											
Province/State						Country						When did you leave the above address? yyyy mm dd					
When did you arrive to Ontario? yyyy mm dd				When did you take up permanent residence in Ontario? yyyy mm dd				How long do you plan to live in Ontario? <input type="checkbox"/> permanently <input type="checkbox"/> temporarily									
If you moved from another part of Canada, were you covered by a government health plan? <input type="checkbox"/> yes <input type="checkbox"/> no						If yes, what was your health number?											
Are you a Canadian citizen returning to Canada? <input type="checkbox"/> yes <input type="checkbox"/> no				Are you an immigrant returning to Canada? <input type="checkbox"/> yes <input type="checkbox"/> no				Are you a new immigrant? <input type="checkbox"/> yes <input type="checkbox"/> no									
Have you recently left the Canadian Forces, RCMP? <input type="checkbox"/> no <input type="checkbox"/> yes <i>(date of discharge)</i> yyyy / mm / dd				Have you recently been released from a Federal penitentiary? <input type="checkbox"/> no <input type="checkbox"/> yes <i>(date of release)</i> yyyy / mm / dd				Are you a student? <input type="checkbox"/> yes <input type="checkbox"/> no									
Are you the spouse or dependant of a Regular Force member of the Canadian Forces? <input type="checkbox"/> yes <input type="checkbox"/> no						Are you the spouse or dependant of a reservist currently deployed by the Canadian Forces into active service? <input type="checkbox"/> yes <input type="checkbox"/> no											

C. Citizenship or Immigration status

Canadian
 Indian (under the Indian Act)
 Landed immigrant
 Convention refugee
 Other *(specify)* _____

D. Agreement

I confirm that:

- I make and intend to continue making my permanent and principal home in Ontario.
- I will be physically present in Ontario for at least 5 months (153 days) in any 12-month period.
- If I am a new applicant for health coverage in Canada or if I have had a break in health coverage in Canada, I must not be absent from Ontario for more than 30 days within the first 183 days immediately after the date residency is established in Ontario.
- The information I have given in this application, and in the documents I have provided, is true and accurate.

I understand that:

- If there is a change in my name, address, citizenship or immigration status, I will tell the Ministry of Health and Long-Term Care within 30 days.
- The Ministry of Health and Long-Term Care may check my resident status and any information I have given in this form and in the documents I have provided.
- For verification this information may be collected from, and disclosed to, government and non-government organizations, if the law allows it.
- It is an offence to knowingly provide false information in relation to this application.

Signature of <input type="checkbox"/> applicant <input type="checkbox"/> legal guardian				Date
<input type="checkbox"/> parent <input type="checkbox"/> power of attorney X				

Collection of the personal information as described on this form is for determination of eligibility for health coverage, health planning and coordination, and administration of the Health Insurance Act and Ontario Drug Benefit Act. The authority for the collection and use of this information is the Health Insurance Act, R.S.O. 1990, c. H.6, s.4(2), 2(3) and 4.1(1) and (2) and the Ontario Drug Benefit Act, R.S.O. 1990, c.10, s.13 (1) and (2). The information collected may be verified by comparing it with information collected from other government and non-government organizations where permitted by law. For information about collection practices, call 1 800 268-1154, in Toronto 416 314-5518, or write to the Director, Registration and Claims Branch, Box 48, 3rd floor 49 Place d'Armes, Kingston ON K7L 5J3.

Ministry use only		Health Number		Version code		Processing Clerk		
						Date	Number	Initials
Citizenship	Name on document			Cit type		Effective date		End date
	Document type		Issued by		Document no.		Client ID	
Res.	Document type		Document source	Ident.	Document type		Document source	Organ donor
Exemptions <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> S								

