Community and Social Services Division

# REQUEST FOR SPECIAL PRIORITY HOUSEHOLD CATEGORY

| APPLICANT INFORMATION | FOR OFFICE USE ONLY |
|---|---|
| **Households in which a member of the household has been abused by another individual, or trafficked, may request to be included in the special priority household category. Any member of the household who is 16 years of age or older may complete the Request for Special Priority Household Category. The Request must be supported with a Record to Support a Request for Special Priority to verify the abuse and co-residency verification. For details on who may complete the Record to Support a Request for Special Priority, see page 3.** | **Date Request Received:** _____ **(mm/dd/yyyy)**<br>**Time:** _____ ☐ **a.m.** ☐ **p.m.**<br>**Determination of Eligibility:** **Approved** ☐ **Denied** ☐<br>**Case Manager :** _____ Signature |

**Definitions:**

**Abuse** means one or more incidents, or threats of physical or sexual violence, controlling behaviour, or intentional destruction of, or intentional injury to property, or words, actions, or gestures that threaten the member, or cause the member to fear for his or her safety. The abuse was done against the member by a person related to, or is, or has been in an intimate partner relationship with the applicant member, or any other member of the member's household, or a person on whom the member, or any other member of the household is emotionally, physically, or financially dependent, or a person who is emotionally, physically, or financially dependent on the member, or any other member of the household, or a person sponsoring the member, or any other member of the household as an immigrant. Abuse also means trafficking of the member by any individual.

**Trafficking** means one or more incidents of recruitment, transportation, transfer, harbouring, or receipt of the member by improper means, including force, abduction, fraud, coercion, deception, and repeated provision of a controlled substance, for an illegal purpose, including sexual exploitation, or forced labour.

To be eligible for inclusion in the Special Priority Household Category:

a) a member of the household has been abused by another individual;

b) the abusing individual is, or was living with the abused member, or is sponsoring the abused member as an immigrant; and

c) the abused member intends to live permanently apart from the abusing individual; or

d) a member of the household is being or has been trafficked.

**If you would like assistance in completing this Request, please contact:**

The United Counties of Leeds & Grenville
Community and Social Services Division
**Housing Department**
25 Central Avenue W., Suite 200
Brockville, ON K6V 4N6
Telephone: 613-342-3840, ext. 2450

# REQUEST FOR SPECIAL PRIORITY HOUSEHOLD CATEGORY

**1. Name of Applicant** (please print)**:**

| First | Middle | Last | Date of Birth (mm/dd/yyyy) |
|---|---|---|---|
| | | | |

**The Special Priority Household Category is requested because I, or a member of my household, is being, or has been:** ☐ **Abused, other than trafficking or** ☐ **Trafficked**

**Name of the member of the household being abused, or name of the household member who is being or has been trafficked:**

| First | Middle | Last | Date of Birth (mm/dd/yyyy) |
|---|---|---|---|
| | | | |

**Specify the method(s) by which you want to be contacted:**

| | | | |
|---|---|---|---|
| **by telephone** ☐ | **(Area Code) Telephone No.** | **Alternate Phone (Area Code) Telephone No.** | |
| **by mail** ☐ | **Street Address** | **P.O. Box** | |
| | **City/Town** | **Province** | **Postal Code** |

**2. Please provide the name and telephone number(s) of a friend or relative that we can call, if we are unable to contact you. The only purpose for this contact information is so that we can leave a message with that person to have you contact our office. No other information will be shared or discussed with that person.**

**Name:** **Cell:** **Telephone:**

**3. Name(s) of the abusing individual, or the individual(s) that is/are trafficking, or has trafficked the member:**

| | First | Middle | Last |
|---|---|---|---|
| 1. | | | |
| 2. | | | |

**4. What is the relationship of the abusing individual to you?**

☐ **Spouse or Partner** ☐ **Family member** ☐ **Immigration Sponsor**

☐ **Individual engaged in Trafficking** ☐ **Other Specify:** _____

**5. Is the abusing individual currently living in the household?** ☐ **Yes** ☐ **No**

**If YES, do you intend to live permanently apart from the abusing individual?** ☐ **Yes** ☐ **No**

**If NO, please provide the following information:**

**Date you stopped living with the abusing individual:** _____

Mm/dd/yyyy

**6. Where are you currently living?**

☐ **Emergency Shelter** ☐ **Temporary Housing** ☐ **Receiving Treatment or Counselling**

☐ **Other** **Specify:**

**This Request for Special Priority Household Category must be supported with cohabitation verification:**

**Verification may include one or more of the following:**

- **government-issued identification showing the same address;**
- **lease, tenancy agreement, or rent receipts;**
- **utility, phone, internet, or insurance bills showing the same address;**
- **bank statements, tax records, or other official mail addressed to both parties at the same residence;**
- **court, police, child protection, or victim services records noting a shared address; or**
- **immigration sponsorship documents;**

**NOTE: Where such evidence is unavailable due to safety concerns or extenuating circumstances, alternative information satisfactory to the Service Manager may be accepted.**

**This Request for Special Priority Household Category must be supported with a Record to Support a Request for Special Priority prepared in writing by <u>one</u> of following persons:**

- **a person in his or her professional capacity (see list of professionals below); or**
- **by a person employed by an agency or organization that provides social support services in the community (must also be signed by a person having the authority to bind the agency/organization); or**
- **by any other person who is familiar with the abuse, or trafficking, <u>with a declaration of truth taken before a commissioner for taking affidavits</u>.**

- A doctor
- A lawyer
- A minister of religion authorized under provincial law to perform marriages
- A teacher
- An individual in a managerial or administrative position with a housing provider
- A member of the College of Midwives of Ontario
- A registered social or social service worker
- A registered early childhood educator
- A law enforcement officer
- A registered nurse or a registered practical nurse
- A guidance counsellor
- An Indigenous Elder, Indigenous Traditional Person, or Indigenous Knowledge Keeper
- An aboriginal person who provides traditional midwifery services
- A psychotherapist, registered psychotherapist, or registered mental health therapist

**The record may be prepared by one of the following persons instead:**

- a person employed by an agency or organization that provides social support services in the community, and must be signed by the person who prepared the record, and by a person who has the authority to bind the agency or organization; or
- a person who is familiar with the abuse or trafficking, accompanied by a declaration of the truth of the record administered by a commissioner for taking affidavits.

**The written record must include all of the following information:**

- The name of the abused member, or the name of the trafficked member;
- A statement by the person preparing the record that he/she has reasonable grounds to believe that the member is being abused, or that the member is being, or has been trafficked;
- A description of the circumstances that indicate that the member is being abused, or is being, or has been trafficked;
- Information about the person who prepared the record, including his or her name, occupation and any professional designations; and
- The date the record was prepared.

## DECLARATION AND CONSENT

I declare that all information provided in this Request for Special Priority Household Category is true and complete.

**I/We intend to live permanently apart from the abusing individual.**

I understand that my household will no longer be included in the special priority household category if:

i. I make a request to add the abusing individual, or any individual who is, or was engaged in trafficking to my application for subsidized housing; or

ii. if the abusing individual is deceased, or if only one individual is or was engaged in trafficking, and that individual is deceased; or

iii. if I accept an offer of rent-geared-to-income housing anywhere in Ontario.

I further understand that if my household is removed from the special priority household category for any of the above reasons, my household may still remain on the centralized waiting list, and will be ranked chronologically according to the date my Application for Subsidized Housing was complete.

Personal information collected by the United Counties of Leeds and Grenville, pursuant to the *Housing Services Act*, *2011*, will be used to determine eligibility for the special priority household category and rent-geared-to-income assistance.

Pursuant to the *Freedom of Information and Protection of Privacy Act* and the *Municipal Freedom of Information and Protection of Privacy Act*, I/we give my/our consent and authorization:

- To verify information given in this request, and I authorize any person, corporation, or any social agency having knowledge of any such required information, to release the information to the United Counties of Leeds and Grenville, Housing Department.
- To provide any documents required to support my Request for Special Priority Household Category.

This request and consent must be signed by the applicant, and by the abused, or trafficked member, or a person authorized to consent on behalf of the abused, or trafficked member.

| Applicant's Name (Print) | Applicant's Signature | Date (mm/dd/yyyy) |
|---|---|---|
| | | |

**Abused or Trafficked Member, or a Person Authorized to Sign on Behalf of the Abused or Trafficked Member, if under 18 or unable to sign** ☐ **Parent or** ☐ **Guardian**

| Print Name | Signature | Date (mm/dd/yyyy |
|---|---|---|
| | | |

# RECORD TO SUPPORT A REQUEST FOR SPECIAL PRIORITY

**Households in which a member of the household has been abused by another individual, or trafficked, may request to be included in the special priority household category for the purposes of rent-geared-to-income assistance. Any member of the household who is 16 years of age, or older, may complete the Request for Special Priority Household Category. The Request must be supported with a record to verify the abuse. The record must be completed by a person in his/her professional capacity, and has reasonable grounds to believe that the individual for which the record is completed is/has been recently abused recently, and/or has been, or is being trafficked. Please review the definitions of abuse and trafficked below before completing this Record to Support a Request for Special Priority. Regulations under the *Housing Services Act, 2011* prescribe who may prepare the record and are summarized on page 1 and 2.**

**Definitions:**

**Abuse** means one or more incidents, or threats of physical or sexual violence, controlling behaviour, or intentional destruction, or intentional injury to property, or words, actions, or gestures that threaten the member, or cause the member to fear for his or her safety. The abuse was done against the member by a person related to, or is, or has been in an intimate partner relationship with the applicant member, or any other member of the member's household, or a person on whom the member, or any other member of the household is emotionally, physically, or financially dependent, or a person who is emotionally, physically, or financially dependent on the member, or any other member of the household, or a person sponsoring the member, or any other member of the household as an immigrant. Abuse also means trafficking of the member by any individual.

**Trafficking** means one or more incidents of recruitment, transportation, transfer, harbouring, or receipt of the member by improper means, including force, abduction, fraud, coercion, deception, and repeated provision of a controlled substance, for an illegal purpose, including sexual exploitation, or forced labour.

**This Record to Support a Request for Special Priority must be prepared in writing by one of following persons, in his or her professional capacity.**

- A doctor
- A lawyer
- A minister of religion authorized under provincial law to perform marriages
- A teacher
- An individual in a managerial, or administrative position with a housing provider
- A member of the College of Midwives of Ontario
- A registered social worker
- A psychotherapist, registered psychotherapist, or registered mental health therapist
- A registered early childhood educator
- A law enforcement officer
- A registered nurse, or a registered practical nurse
- A guidance counsellor
- An Indigenous Elder, Indigenous Traditional Person, or Indigenous Knowledge Keeper
- An aboriginal person who provides traditional midwifery services
- A registered social service worker

**This Record to Support a Request for Special Priority may be completed by either of the following persons instead:**

- a person employed by an agency or organization that provides social support services in the community; this Record must be signed by the person who prepared the record, and by a person who has the authority to bind the agency or organization; or
- a person who is familiar with the abuse or trafficking, if the record is accompanied by a declaration of the truth of the record administered by a commissioner for taking affidavits.

**To be completed by the individual requesting the Special Priority Household Category**

**Name of Applicant** (please print)

| First | Middle | Last | Date of Birth mm/dd/yyyy) |
|---|---|---|---|
| | | | |

**The Special Priority Household Category is requested because I, or a member of my household is, being, or has been:** ☐ **Abused, other than trafficking or** ☐ **Trafficked**

**Name of the member of the household being abused, or name of the household member who is being, or has been trafficked:**

| First | Middle | Last | Date of Birth (mm/dd/yyyy) |
|---|---|---|---|
| | | | |

**I hereby authorize the individual completing this record to provide information in support of my Request for Special Priority Household Category, and consent to the use of this information for the sole purpose of verifying the abuse and/or trafficking declared by me in my Request for Special Priority as required by the *Housing Services Act, 2011* and the regulations under that Act.**

This authorization and consent must be signed by the applicant, and by the abused or trafficked member, or a person authorized to consent on behalf of the abused or trafficked member.

| Applicant's Name (Print) | Applicant's Signature | Date |
|---|---|---|
| | | |

| Abused or Trafficked Member's Name | Abused or Trafficked Member's Signature (must be 18 or over) | Date |
|---|---|---|
| | | |

**Person Authorized to Sign on Behalf of the Abused or Trafficked Member** ☐ **Parent or** ☐ **Guardian**

| Name of Person Authorized to Sign on behalf of Abused/Trafficked Member (Print) | Signature of Authorized Person | Date |
|---|---|---|
| | | |

**The person preparing this record shall complete the following section in full:**

Name of the Abused or Trafficked Member:

I, the undersigned, have reasonable grounds to believe that the above-named member is being, or has been, abused by an individual as described in the definition of "abuse", or that the member is being, or has been "trafficked", as defined on page 1 of this record.

Please describe the circumstances that indicate that the member is being, or has been abused, or that the member is being, or has been trafficked. Additional pages may be attached as required.

To your knowledge, is the abuse, or trafficking, ongoing at this time? ☐ Yes ☐ No
If no, how long ago did the abuse, or trafficking, occur? _____ months or _____ years ago

**The person preparing this record shall complete <u>one</u> of the following sections as applicable:**

☐ **Professional (see list of professionals on page 1 of this form):**

Name (Print) | Occupation or Professional Designation | Date

Signature of Person Preparing this Record (include Abbreviated Professional Designation if applicable)

☐ **Person employed by an agency or organization providing social support services, in his or her professional capacity:**

Name (Print) | Name of Agency/Organization | Date

Signature of Person Preparing this Record | Signature of Person Authorized to Bind the Agency/Organization

☐ **Other person who is familiar with the abuse, or trafficking (Must be accompanied by a declaration of truth administered by a commissioner for taking affidavits (i.e. a Commissioner of Oaths, or a Notary Public)**

Name (Print) | Relationship to Abused/Trafficked Member | Date

I hereby declare that the information provided in this Record to Support A Request for Special Priority is true and complete to the best of my knowledge. I understand that the information contained in this Record will be used to assess the eligibility of the Request for Special Priority Household Category submitted by the Applicant/Member.

Signature of Person Preparing this Record | Signature of Commissioner of Oaths/Notary Public (Include Seal)