

**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.**

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| <ul style="list-style-type: none"> <li>• A doctor</li> <li>• A lawyer</li> <li>• A minister of religion authorized under provincial law to perform marriages</li> <li>• A teacher</li> <li>• An individual in a managerial, or administrative position with a housing provider</li> <li>• A member of the College of Midwives of Ontario</li> <li>• A registered social worker</li> <li>• A psychotherapist, registered psychotherapist, or registered mental health therapist</li> </ul> | <ul style="list-style-type: none"> <li>• A registered early childhood educator</li> <li>• A law enforcement officer</li> <li>• A registered nurse, or a registered practical nurse</li> <li>• A guidance counsellor</li> <li>• An Indigenous Elder, Indigenous Traditional Person, or Indigenous Knowledge Keeper</li> <li>• An aboriginal person who provides traditional midwifery services</li> <li>• A registered social service worker</li> </ul> |
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**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)

<b>First</b>	<b>Middle</b>	<b>Last</b>	<b>Date of Birth mm/dd/yyyy</b>
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**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:**

<b>First</b>	<b>Middle</b>	<b>Last</b>	<b>Date of Birth (mm/dd/yyyy)</b>
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**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:**

I, the undersigned, have reasonable grounds to believe that the above-named member is being, or has been,

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 one 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**

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**

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

Signature of Person Preparing this Record

Signature of Commissioner of Oaths/Notary Public (Include Seal)