

**Community and Social Services Division
REQUEST FOR SPECIAL
PRIORITY HOUSEHOLD CATEGORY**

APPLICANT INFORMATION	FOR OFFICE USE ONLY
<p>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. For details on who may complete the Record to Support a Request for Special Priority, see page 3.</p>	<p>Date Request Received: _____ (mm/dd/yyyy)</p>
	<p>Time: _____ a.m. p.m.</p>
	<p>Determination of Eligibility: Approved Denied</p>
	<p>Case Manager : _____ Signature</p>

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

1. Name of Applicant (please print):

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

First	Middle	Last	Date of Birth (mm/dd/yyyy)
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Specify the method(s) by which you want to be contacted:

by telephone <input type="checkbox"/>	(Area Code) Telephone No.	Alternate Phone (Area Code) Telephone No.	
by mail <input type="checkbox"/>	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

First	Middle	Last
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1. _____

2. _____

3. _____

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 a Record to Support a Request for Special Priority prepared in writing by one 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, with a declaration of truth taken before a commissioner for taking affidavits.

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