

REQUEST FOR SPECIAL PRIORITY STATUS

I am applying for special priority status because I or someone in my household am/is currently a victim of abuse.

First Name:

Last Name:

You can contact me at the following safe address, telephone number, email or fax#

Address:

Phone Number:

Fax:

Email:

(if you do not complete, you will be contacted by mail at the address listed on the application form)

I am currently living with the person who is abusing me or a member of the household.

I have lived apart from the abuser for less than 3 month (date separated) M/D/Y
___/___/___

I intend to live permanently apart from the abusing individual.

If you are applying for special priority status, you are required to provide supporting documentation that must indicate one of the following:

1. A **record** of intervention by the police indicating that you were abused by the abusing individual.
2. A **record** of physical injury caused to you by the abusing individual.
3. A **record** of the application of force by the abusing individuals against you to force you to engage in sexual activity against your will.
4. A **record** of words, actions or gestures by the abusing individual that threaten you or another member of the household of your or another member's property including but not limited to the following:
 - I. Threatening to physically harm you or another member of your household.
 - II. Threatening to destroy or injure your or another member of your household's property.
 - III. Intentionally killing or injuring pets.
 - IV. Threatening to remove yours or another member of the household's children
 - V. Forcing you or another member of the household to perform degrading acts.
 - VI. Terrorizing yourself or another

- VII. Threatening to take action to withdraw from sponsoring yourself or another member of the household.
- VIII. Threatening to take action that might lead to yourself or another member of the household from being deported.
- IX. Other words, actions or gestures that lead you or another member of the household to fear for your or their safety.

Please indicate (mark with X) what type of record(s) or referral(s) you are able to provide to support your request for Special Priority Status as defined below. One or more of the following supporting records and /or referrals is required.

A doctor		A social worker	
A lawyer		A social service worker	
A law enforcement officer		A victim services worker	
A member of the clergy		A settlement services worker	
A teacher		A shelter worker	
A guidance counsellor		An individual in a managerial or administrative position with a housing provider	
A community health care worker			

Please note: If you do not provide supporting documentation from one of the above individuals, special priority status cannot be granted.

Comments:

Signature:

Date: