



**Request for Domestic Violence/Human Trafficking Priority Status Form**

- ✓ To apply for Domestic Violence/Human Trafficking Priority Status (Priority Status) you must be eligible for rent-geared to –income (RGI) or already be living in subsidized housing within the district of Algoma. You can find out more about RGI and how to apply at [www.adsab.on.ca](http://www.adsab.on.ca) or by calling 705-848-7153 ext. 311 or toll free 1-888-326-3133 ext. 311
- ✓ Please ensure that you submit a completed application form along with this form and supporting documentation to the attention of Housing Services Waitlist Staff:  
**MAIL:** Algoma District Services Administration Board (ADSAB)  
2 Elizabeth Walk,  
Elliot Lake, ON, P5A 1Z3  
**IN PERSON:** Any ADSAB Office  
**FAX:** 705-842-3747  
**Note:** Sending an incomplete application will delay access to priority housing.
- ✓ **Priority Status is to help an individual leave an abusive situation**, as they may be experiencing trafficking or domestic abuse and violence by living together with an abusive person.

Please choose one before moving on to the next section:

- Applying as a **domestic abuse and violence victim**. Complete all sections **except D**
- I am  Applying as a **human trafficking survivor**. Complete all sections, **except C**

**A. Applicant Consent and Declaration**

Please complete this section if you are the applicant. If you as the applicant are unable to sign, a person who is authorized may sign the consent on your behalf.

I \_\_\_\_\_ hereby authorize and consent to the completion, submission and disclosure of information to the ADSAB and have provided all of the required documents for the purposes of verifying eligibility under the priority category.

- ✓ **I declare that everything I have written on this form is correct, accurate and complete.**
- ✓ I acknowledge that the information I disclose on this form, attachments and any other supporting information I may provide will form a part of my application for subsidized housing, and will be used by the ADSAB to determine my eligibility for priority status.
- ✓ I consent to disclosure of my personal information by the ADSAB to third parties for the purposes of determining my eligibility for priority status.
- ✓ I understand that if any of the information I provide is determined to be inaccurate or false, I may be disqualified from the program, and the ADSAB may cancel my application.

The collection of information by this form is under the legal authority of the Housing Services Act, 2011, S.O. 2011, c. 6, Schedule 1, s 48.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **B. Applicant Contact Information**

### **I. General Information:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **II. How would you like us to contact you? Choose one or more options to safely reach you.**

Mailing Address

Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City/Town: \_\_\_\_\_

Telephone: Area Code (\_\_\_\_\_) Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **III. You have the option of providing a safe alternate contact in case we can't reach you.**

Full name of the alternate contact

First, Last Name: \_\_\_\_\_

Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City/Town: \_\_\_\_\_

Telephone: Area Code (\_\_\_\_\_) Number: \_\_\_\_\_

## **C. Applicant Declaration of Domestic Violence and Abuse**

### **I. Eligibility Checklist**

Priority status supports an individual, who is living with an abuser and experiencing domestic abuse and violence, to leave the abusive situation permanently. To determine your eligibility please choose 'yes' or 'no':

1. I am living with someone who is abusing me or another member of my household.

YES  NO

2. I am living with someone who was abusing me or another member of my household, and I have stopped living with them three months ago or less.

YES  NO

➤ If you stopped living with the abuser over three months ago, please attach supporting information to explain what delayed the submission of your request to us

3. I am a sponsored immigrant, and my sponsor is abusing me or another person in my household.

YES  NO

If 'yes':

➤ I have attached proof of sponsorship.

YES  NO

➤ I am/was living with my sponsor.

YES  NO

➤ My sponsor is paying for my housing costs.

YES  NO

➤ I am currently receiving Ontario Works or Ontario Disability Support Program.

YES  NO

4. I have attached proof that I am/was living with the abusive person.

(e.g., Complete joint leases, completed Notice of Assessments, Original [health] insurance benefit statements, Social Assistance statements).

YES  NO

5. I intend to permanently separate from the abuser.

YES  NO



## II. Eligibility Questions

1. What is the name of the abuser? (First, Last)

\_\_\_\_\_

2. What is your relationship with the abuser?

Spouse    Parent    Child    Partner    Other (please specify) \_\_\_\_\_

3. Are you (or were you) living with the abuser in RGI housing?  YES  NO

4. What is the address where you are living/were living with the abuser?

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ Unit# \_\_\_\_\_

Postal Code \_\_\_\_\_ City/Town \_\_\_\_\_, Province \_\_\_\_\_

5. When did you first start living with the abuser? (yyyy/mm/dd) \_\_\_\_\_

6. If separated, when did you stop living with the abuser? (yyyy/mm/dd) \_\_\_\_\_

## **D. Applicant Declaration of Human Trafficking**

### **I. Eligibility Checklist**

To determine your eligibility please choose 'yes' or 'no':

1. I am applying as a survivor of:

- Sex trafficking
- Labour trafficking
- Domestic servitude
- Forced marriage involving exploitation
- Other forced illegal activities

2. I exited trafficking within the last three months.  YES  NO

➤ If you exited trafficking over three months ago, please attach supporting information to explain what delayed the submission of your request to us.

3. I am a sponsored immigrant and experiencing trafficking.  YES  NO

If 'yes':

- Proof of sponsorship is attached.  YES  NO
- My sponsor is paying for my housing costs  YES  NO
- I am currently receiving Ontario Works or Ontario Disability Support Program  YES  NO

### **II. Eligibility Questions**

1. When did trafficking begin? (yyyy/mm/dd) \_\_\_\_\_

2. If you have exited, please indicate when (yyyy/mm/dd) \_\_\_\_\_

3. Where did trafficking take place? (City, Prov./ Country) (it could be more than one place).  
\_\_\_\_\_

4. Are you currently in a recovery program to help you return to a normal and safe life?

YES  NO

If "yes", please provide:



Organization Name \_\_\_\_\_

Caseworker Name (First, Last) \_\_\_\_\_

Organization Address \_\_\_\_\_

Organization telephone Number (\_\_\_\_) \_\_\_\_\_

5. Are you currently living in a shelter or transitional housing?     YES  NO

If 'yes', please provide:

Shelter/Transitional Housing Name \_\_\_\_\_

Caseworker Name (First, Last) \_\_\_\_\_

Shelter/transitional housing address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

## E. To Be Completed By the Professional

- ✓ The individual who is able to verify abuse must complete this section.
- ✓ By law, only a limited list of individuals are able to verify abuse (see below).
- ✓ ADSAB may use third parties to verify the accuracy of the information you provide.
- ✓ Providing incorrect information may result in termination of an application and/or priority status.

### I. Professional Consent and Declaration

I, \_\_\_\_\_, in my capacity as (select one):

<input type="checkbox"/> Doctor	<input type="checkbox"/> Guidance Counsellor
<input type="checkbox"/> Teacher	<input type="checkbox"/> Law Enforcement Officer
<input type="checkbox"/> Lawyer	<input type="checkbox"/> Registered Social Worker
<input type="checkbox"/> Psychotherapist	<input type="checkbox"/> Member of the College of Midwives of Ontario
<input type="checkbox"/> Registered Psychotherapist	<input type="checkbox"/> Manager with a housing provider
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Administrator with a housing provider
<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Social Service Worker
<input type="checkbox"/> Indigenous Elder	<input type="checkbox"/> Registered Mental Health Therapist
<input type="checkbox"/> Indigenous Traditional Person	<input type="checkbox"/> Registered Early Childhood Educator
<input type="checkbox"/> Indigenous Knowledge Keeper	<input type="checkbox"/> Minister of religion authorized to perform marriages under Ontario law
<input type="checkbox"/> Aboriginal person providing traditional midwifery services	

License number/professional registration number: \_\_\_\_\_

- If you do not hold any of the listed designations/titles above you may select either of the following two options below. See 'eligibility checklist' on the next page for more information

Employee of a social service community agency

Someone who is familiar with the abuse

- ✓ Consent to the completion, submission and disclosure of information to the ADSAB.
- ✓ I understand that the information I provide on this form, attachments and any other supporting information I may provide will form a part of applicant's application for subsidized housing, and will be used by the ADSAB to determine his/her eligibility for priority status.
- ✓ I declare that the information submitted by me has been provided in my professional capacity, and is accurate and complete.
- ✓ I confirm that all facts and matters submitted are within my knowledge, and the opinions I express represent my true and complete professional opinions on the matters to which they refer.
- ✓ I understand that the priority status is reserved for individuals whose safety is at risk and is designed to enable them leave an unsafe and abusive situation.



✓ I understand submitting false information may result in the applicant being disqualified from the program.

**II. Eligibility Checklist**

Please check 'yes' or 'no' for each statement to make sure that the information you are providing is complete.

1. I have prepared and attached a record that demonstrates I have reasonable grounds to believe that the applicant is being, or has been abused.  YES  NO
  
2. The record I have attached includes:
  - My name, occupation, and professional designation
  - My contact information
  - Applicant name (abused individual or member of household)
  - The date the record was prepared
  - An accurate description of circumstances that demonstrate the applicant is, or has been, abused (including the name of the alleged abuser and the address where abuse took place)
  - How long, including the date, I have known the applicant in my professional capacity
  
3. I have prepared a record as someone who is familiar with the abuse and I do not hold any of the titles listed on the previous page.  YES  NO
  - If 'yes', you must attach with your record a declaration of truth, administered by a commissioner for taking affidavits (e.g., notarized affidavit).
  
4. I am an employee of social service community agency who has prepared the record and I do not hold any of the titles listed on the previous page.  YES  NO
  - If 'yes', the application must be signed by you and an authorized representative of your agency (e.g., director, manager, supervisor), please see signature boxes below.

**Signature of individual verifying abuse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Phone #** ( \_\_\_\_\_ ) \_\_\_\_\_

ADSAB collects the personal information on this form under the legal authority of the Housing Services Act, 2011, S.O. 2011, c. 6, Schedule 1, s 48. The information is used to verify eligibility for priority status.

<b>Office Use:</b>	
Approved By: _____	Date: _____
Denied By: _____	Date: _____
Reason for Denial: _____	
_____	
_____	