Algoma District Services Administration Board
Conseil d'administration des services du district d'Algoma

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 or by calling 705-848-7153 ext. 327 or toll free 1-888-326-3133 ext. 327
- ✓ 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:

I am

☐ Applying as a **domestic abuse and violence victim.** Complete all sections **except D**

☐ 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):

☐ Doctor	☐ Guidance Counsellor
☐ Teacher	☐ Law Enforcement Officer
☐ Lawyer	☐ Registered Social Worker
☐ Psychotherapist	☐ Member of the College of Midwives of Ontario
☐ Registered Psychotherapist	☐ Manager with a housing provider
☐ Registered Nurse	☐ Administrator with a housing provider
☐ Registered Practical Nurse	☐ Registered Social Service Worker
☐ Indigenous Elder	☐ Registered Mental Health Therapist
☐ Indigenous Traditional Person	☐ Registered Early Childhood Educator
☐ Indigenous Knowledge Keeper	☐ Minister of religion authorized to perform marriages under Ontario law
☐ 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.

Office Use:
Approved By: _____ Date:_____
Denied By: _____ Date: _____
Reason for Denial: _____
_____
_____
_____