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

REQUEST FOR SPECIAL PRIORITY STATUS DUE TO ABUSE AND/OR TRAFFICKING

Housing Services Act, 2011

O.Reg. 367/11, Sections 53-58.1

PURPOSE

Use this form to request inclusion in the Special Priority Household Category where a household member:

- Has been abused by an individual described in the Housing Services Act and intends to live permanently apart from that individual; or
- Is being or has been trafficked.

This form must be submitted together with, or in relation to, an application for housing or housing assistance.

Household information, income information, and housing preferences are collected through the housing application and do not need to be repeated on this form.

IMPORTANT INFORMATION

Most applications require a verification record from a qualified professional, agency representative, or another person familiar with the circumstances.

However, under the Housing Services Act regulations, Algoma District Services Administration Board may determine that a written verification record is not required where:

- Obtaining a written record would place the applicant at risk;
- Obtaining a written record would place the person providing verification at risk; or
- Extenuating circumstances exist.

If you believe one of these situations applies to you, complete the Alternative Verification Request (ADSAB-SP-ALT).

1. Select the priorities you are eligible for:

☐ I believe I am eligible for a special priority due to **abuse**	→ Complete **Sections 1 – 4 & Section A**
☐ I believe I am eligible for a special priority due to **human trafficking**	→ Complete **Sections 1 – 4 & Section B**
☐ I believe I am eligible for a special priority due to both **abuse and human trafficking**	→ Complete **Sections 1 – 4 & Sections A & B**

2. Provide verification of Abuse and/or Human Trafficking:

☐ Verification of **abuse** to be completed by a qualified professional, agency representation, or another person familiar with the circumstances	→ Complete **ADSAB-SP-A**
☐ Verification of **human trafficking** to be completed by a qualified professional, agency representation, or another person familiar with the circumstances	→ Complete **ADSAB-SP-B**
☐ Alternate Verification Request I am unable to obtain a written request because: - It would place the applicant at risk; - It would place the person providing verification at risk; - Extenuating circumstances exist.	→ Complete **ADSAB-SP-ALT**

SECTION 1 – GENERAL APPLICATION INFORMATION

Details	Applicant		
First Name:			
Last Name:			
Date of Birth:	Month	Day	Year
Telephone:			
Email:			

SECTION 2 – SAFE CONTACT INFORMATION

Are there any safety concerns regarding contacting you?

☐ Yes — If yes, please describe safe contact arrangements:

☐ No — If no, what is your preferred contact method: ☐Telephone ☐Email ☐Mail

SECTION 3 – AUTHORIZATION TO CONTACT AN IDENTIFIED INDIVIDUAL

If we are unable to contact you, we may contact a person identified by you solely to ask them to advise you to contact us.

Do you authorize this?

☐ Yes ☐ No

If yes, please provide the following:

Name: _____

Relationship: _____

Telephone: _____

Email: _____

SECTION 4 – GROUNDS FOR SPECIAL PRIORITY REQUEST

The household is requesting inclusion in the Special Priority Household Category on the following ground(s):

☐Abuse (other than trafficking), please complete SECTION A

☐Trafficking, please complete SECTION B

If both grounds apply, complete both SECTION A & SECTION B

SECTION A – DECLARATION OF ABUSE (OTHER THAN TRAFFICKING)

Section A.1 - Eligibility Declaration

I declare that I have been abused by (name): _____

☐ The individual who committed the abuse currently lives with me, previously lived with me, or sponsors me as an immigrant.

☐ I intend to live permanently apart from the individual.

Section A.2 - Separation from the Abusing Individual

Complete Section A.2 only if you and the abusing individual no longer live together.

What was the date that shared residency ended between you and the abusing individual (if known):	Month	Day	Year

Was a written request for inclusion in the Special Priority Household Category made within 3 months of no longer living together?	☐Yes ☐No ☐Unsure

If No or Unsure, indicate any circumstances that may apply:

☐ I did not know that Special Priority could be requested.

☐ I did not know about the three-month time limit.

☐ Financial hardship may result in me returning to the abusing individual.

☐ I remain at risk of abuse.

☐ Financial hardship arising from legal proceedings related to the abuse.

☐ Rent-Geared-to-Income assistance forms part of my recovery and re-establishment plan.

☐ I am living in an emergency shelter.

☐ I am living in temporary housing and receiving treatment or counselling.

☐ Other extenuating circumstances:

Section A.3 - Consent & Verification

I consent to the disclosure to the Algoma District Services Administration Board of information and documents required to verify abuse for the purpose of determining eligibility for inclusion in the Special Priority Household Category, and

I verify that I have attached ☐ Verification of Abuse Record (ADSAB-SP-A), or

☐ Alternative Verification Request (ADSAB-SP-ALT).

Print Name	Signature	Date

SECTION B – DECLARATION OF TRAFFICKING

Section B.1 - Eligibility Declaration

I declare that I am or have been trafficked by (name): _____

☐ I am currently being trafficked.

☐ I am no longer being trafficked.

Section B.2 - If Trafficking Has Ended

Complete Section B.2 only if trafficking has ended.

What was the date trafficking ended (if known):			
	Month	Day	Year

Was a written request for inclusion in the Special Priority Household Category made within 3 months of the trafficking ending?	☐Yes ☐No ☐Unsure

If No or Unsure, indicate any circumstances that may apply:

☐ I did not know that Special Priority could be requested.

☐ I did not know about the three-month time limit.

☐ I remain at risk.

☐ Financial hardship increases risk.

☐ Financial hardship arising from legal proceedings related to the trafficking.

☐ Rent-Geared-to-Income assistance forms part of my recovery and re-establishment plan.

☐ I am living in an emergency shelter.

☐ I am living in temporary housing and receiving treatment or counselling.

☐ Other extenuating circumstances:

Section B.3 - Consent & Verification

I consent to the disclosure to the Algoma District Services Administration Board of information and documents required to verify trafficking for the purpose of determining eligibility for inclusion in the Special Priority Household Category, and

I verify that I have attached ☐ Verification of Trafficking Record (ADSAB-SP-B), or

☐ Alternative Verification Request (ADSAB-SP-ALT).

_____	_____	_____
Print Name	Signature	Date

FORM ADSAB-SP-A
VERIFICATION RECORD – ABUSE (OTHER THAN TRAFFICKING)

This record is intended to satisfy the verification requirements prescribed by section 58 of O.Reg. 367/11 under the Housing Services Act, 2011 for determining eligibility for inclusion in the Special Priority Household Category.

A record that complies with Section 58 constitutes conclusive proof that a member of the household has been abused for the purposes of clause 54(1)(a).

Part 1 – Abused Household Member

First Name:			
Last Name:			
Date of Birth:			
	Month	Day	Year

Part 2 – Person Preparing the Record

Full Name:	
Professional Designation(s):	
Employer/Organization:	
Business Address:	
Telephone:	
Email:	

Part 3 – Statement of Reasonable Grounds

I have reasonable grounds to believe that the above-named individual in Part 1 – Abused Household Member is being or has been abused by an individual described in subsection 1(2) of O.Reg. 367/11 of the Housing Services Act, 2011.	☐Yes

Part 4 – Description of Circumstances

Please describe the circumstances that support your belief that the member is being or has been abused:

Part 5 – Basis for Preparing this Record

Select one:

Professional Capacity

I am preparing this record in my professional capacity as:

☐ Doctor	☐ Registered Nurse	☐ Lawyer
☐ Indigenous Traditional Person	☐ Minister of Religion Authorized to Perform Marriages	☐ Registered Early Childhood Educator
☐ Teacher	☐ Guidance Counsellor	☐ Registered Social Worker
☐ Indigenous Elder	☐ Law Enforcement	☐ Psychotherapist
☐ Member of the College of Midwives of Ontario	☐ Aboriginal Person Providing Traditional Midwifery Services	☐ Individual in a Managerial or Administrative Position with a Housing Provider
☐ Indigenous Knowledge Keeper	☐ Registered Psychotherapist	☐ Registered Mental Health Therapist

OR

Community Social Support Agency

☐ I am employed by an agency or organization that provides social support services in the community and I am preparing this record in my professional capacity.

OR

Person Familiar with the Abuse

☐ I am familiar with the abuse experienced by the above-named individual.

Relationship to Individual: _____

PART 6 – Signature of Person Preparing Record

I certify that the information contained in this record is true and accurate to the best of my knowledge and belief.

_____	_____	_____
Print Name	Signature	Date

FORM ADSAB-SP-B
VERIFICATION RECORD – TRAFFICKING

This record is intended to satisfy the verification requirements prescribed by section 58 of O.Reg. 367/11 under the Housing Services Act, 2011 for determining eligibility for inclusion in the Special Priority Household Category.

A record that complies with Section 58 constitutes conclusive proof that a member of the household has been trafficked for the purposes of clause 54(1)(a).

Part 1 – Trafficked Household Member

First Name:			
Last Name:			
Date of Birth:			
	Month	Day	Year

Part 2 – Person Preparing the Record

Full Name:	
Professional Designation(s):	
Employer/Organization:	
Business Address:	
Telephone:	
Email:	

Part 3 – Statement of Reasonable Grounds

I have reasonable grounds to believe that the above-named individual in Part 1 – Trafficked Household Member is being or has been trafficked by an individual described in subsection 1(2) of O.Reg. 367/11 of the Housing Services Act, 2011.	☐Yes

Part 4 – Description of Circumstances

Please describe the circumstances that support your belief that the member is being or has been trafficked:

Part 5 – Basis for Preparing this Record

Select one:

Professional Capacity

I am preparing this record in my professional capacity as:

☐ Doctor	☐ Registered Nurse	☐ Lawyer
☐ Indigenous Traditional Person	☐ Minister of Religion Authorized to Perform Marriages	☐ Registered Early Childhood Educator
☐ Teacher	☐ Guidance Counsellor	☐ Registered Social Worker
☐ Indigenous Elder	☐ Law Enforcement	☐ Psychotherapist
☐ Member of the College of Midwives of Ontario	☐ Aboriginal Person Providing Traditional Midwifery Services	☐ Individual in a Managerial or Administrative Position with a Housing Provider
☐ Indigenous Knowledge Keeper	☐ Registered Psychotherapist	☐ Registered Mental Health Therapist

OR

Community Social Support Agency

☐ I am employed by an agency or organization that provides social support services in the community and I am preparing this record in my professional capacity.

OR

Person Familiar with the Trafficking

☐ I am familiar with the trafficking experienced by the above-named individual.

Relationship to Individual: _____

PART 6 – Signature of Person Preparing Record

I certify that the information contained in this record is true and accurate to the best of my knowledge and belief.

Print Name	Signature	Date
_____	_____	_____

FORM ADSAB-SP-ALT
ALTERNATE VERIFICATION RECORD

Under the Housing Services Act regulations, Algoma District Services Administration Board may determine that a written verification record is not required where:

- Obtaining a written record would place the applicant at risk;
- Obtaining a written record would place the person providing verification at risk; or
- Extenuating circumstances exist.

PART 1 - Basis for Alternative Verification

Please select the reason for requesting an alternative form of verification:

☐ Obtaining a written record would place the applicant at risk;

☐ Obtaining a written record would place the person providing verification at risk; or

☐ Extenuating circumstances exist.

Please describe the circumstances that support this request:

PART 2 – Signature of Person Preparing Record

I certify that the information contained in this record is true and accurate to the best of my knowledge and belief.

Print Name	Signature	Date