

DEFINITION OF ABUSE

Abuse is an incident of physical or sexual violence, controlling behaviour, or intentional destruction of or intentional injury to property, or words, actions or gestures that threaten an individual or lead an individual to fear for his or her safety.

DEFINITION OF AN ABUSER

The abuser is a person's spouse, parent, child or another relative, OR the abused person's immigration sponsor, OR a person on whom the abused person is emotional, physically or financially dependent.

INFORMATION FOR APPLICANTS

1. Must complete **Section 1 and 2** of this form.
2. Document(s) that prove you are or were living with the abuser must be submitted as well (see below for Proof of Cohabitation).
3. Must attach a letter completed by a qualified professional who can verify the abuse applicable to the applicant's situation. (See the list of qualified professionals below).

PLEASE NOTE: If you have been separated from the abuser for more than 3 months and you believe that you or someone who lives with you is at risk of further abuse, the letter from your qualified professional and agency or organization must explain the on-going risk.

INFORMATION FOR QUALIFIED PROFESSIONALS

1. Must complete **Section 3** of this form.
2. Must attach a letter to the application describing the indicators of abuse applicable to the applicant's situation. (*See sample letter attached*).
3. All documents from professionals should be original, signed copy on the Company letterhead.

PLEASE NOTE: If the person completing the form does not hold one of the qualified designations, the support letter must be signed by both the worker and the person who has authority to bind the agency or organization.

LIST OF QUALIFIED PROFESSIONALS

The Human Services Department relies on documentation from verifying professionals to ensure that special priority is only given to those who truly qualify. Examples of professionals are:

- ✓ Doctor
- ✓ Knowledge Keeper
- ✓ Law Enforcement Officer
- ✓ Lawyer
- ✓ Member of the Clergy
- ✓ Registered Nurse
- ✓ Teacher
- ✓ Guidance Counsellor
- ✓ Registered Practical Nurse
- ✓ Indigenous Elder, Traditional Person
- ✓ VAW Shelter Worker
- ✓ RA member of College of Midwives ON
- ✓ Registered Social Worker or Social Service Worker
- ✓ An aboriginal person who provides traditional midwifery services
- ✓ An individual in a managerial or administrative position health care with a housing provider services

IMPORTANT NOTE TO THE PERSON COMPLETING THIS FORM

As receiving Special Priority status may allow applicants to move ahead of other applicants on the waiting lists for housing, Human Services must ensure that this status is reserved for those who are eligible.

All information disclosed to the Human Services Department will remain confidential.

Note: Deliberately providing false or inaccurate information for the purpose of receiving priority for RGI assistance will affect your status and eligibility for housing.

PROOF OF COHABITATION

Please ensure that documentation for the “verification of co-residency” that you and the person named as the abuser lived at the same residence within the last 3 months is provided as part of your Request for Special Priority Status. One of the following documents (identifying the name and address of the abuser) can be used in combination with evidence that the special priority applicant also resides or resided at that address. Alternatively, an address record is provided with the names of the victim and the abuser. More than one piece of documentation may be required when information is conflicting.

- ✓ Notice of rent increase or decrease
- ✓ Condominium fees
- ✓ Lease or rental agreement
- ✓ Mortgage statement/ documents
- ✓ Property deeds
- ✓ Land registry records
- ✓ Subsidized day-care documents
- ✓ School registration
- ✓ Child Tax Credit
- ✓ Insurance policy documents and/or premium receipts
- ✓ Rent receipt or letter from the landlord with their name, address and phone number
- ✓ OSAP statements/documents
- ✓ Ontario Driver’s License
- ✓ Statement from a Bank
- ✓ Income Tax Statement/Assessment
- ✓ Ontario Works or ODSP statements
- ✓ Joint assets/RRSP statements/document
- ✓ Employment Insurance statements/documents
- ✓ Credit card statements/utility bills/loan documents
- ✓ Property taxes

Note: This list is not all-inclusive or exhaustive. It provides a sample of what documents may be accepted by Human Services as proof of cohabitation. Other documents may be accepted if (1) it reflects the “same” full address when the client and alleged abuser resided together when the abuse took place, (2) is dated within the time period preceding the date the client’s application is submitted to Human Services, (3) includes the client and alleged abuser’s full names (separate documents may be submitted if the client and abuser did not have joint assets) and (4) it is obtained from an unbiased source. If none of the above documents are available, we will discuss other options with you directly.

SECTION 1: APPLICANT CONTACT INFORMATION

Last Name		First Name		Middle Initials	
Unit #:	Current Address	City	Province	Postal Code	
A safe telephone number where we can call you			A safe mobile number where we can call you		
A safe email address where we can write you					
Please provide safe alternative contact information below:					
Last Name of Alternative Contact			First Name of Alternative Contact		
Unit #:	Address	City	Province	Postal Code	
Phone Number of the Alternative Contact			Mobile number of the Alternative Contact		

SECTION 2: DECLARATION OF ABUSE

Were you or someone who lives with you abused? Yes No

Did you ever live with the abuser? Yes No

Do you live with the abuser now? Yes No

If you no longer live with the abuser, give the date when did you stop living together? _____ / _____ / _____
Year Month Day

What is the name of the person who was abused? (Enter name below)

Last Name First Name

What is the name of the abuser? (Enter name below)

Last Name First Name

What is the relationship of the abuser to the person who was abused?

- Partner/Spouse
 Child Parent
 Canadian Immigration Sponsor (if the abuser is an immigration sponsor, please attached a copy of your immigration papers)

Other (Please describe): _____

Give the address of the residence shared with the abusive person below:

Unit #:	Street Address	City/Province	Postal Code

I or the above named member intend to live permanently apart from the abusive person Yes No

Declaration and Consent to Disclosure

This section must be completed by the person who was abused. If that person is under the age of 16 or is unable for any reason to sign the consent or to give a valid consent, the consent may be signed on the abused person's behalf by the parent or guardian; an attorney under a power of attorney that authorizes that attorney to give the consent on the abused person's behalf; or a person who is otherwise authorized to give the consent on the abused person's behalf.

I, _____ hereby:
(Print Full Name of Applicant)

Request that my application is given special priority ranking on the Centralized Wait List for rent-geared-to-income housing.

Promise that everything I have written on this form is true and complete.

Understand that all the information I give to the Human Services Department, will belong to the County of Oxford.

Authorize and consent to the disclosure to Human Services of information and documents required by Human Services for the purpose of verifying the statements on this form and assessing my eligibility for Special Priority status.

I acknowledge that if obtaining certain information or documents puts me at risk of further abuse, Human Services will not require me to provide that information or document.

Please note that residents/applications from Oxford County will be prioritized.

Additionally, I hereby authorize _____, my _____,
(Name of the qualified professional/agency) (Professional relationship (i.e. doctor, lawyer))

to complete this form and consent to the disclosure of any supporting information request by Human Services to assess my application.

Print full name of applicant or a person authorized to
on behalf of the applicant

Signature

Date (YYYY/MM/DD)

SECTION 3: PROFESSIONAL'S INFORMATION PROVIDING VERIFICATION OF ABUSE

This section must be filled out by the qualified professional. The applicant's request for special priority status cannot be considered without this completed section of the form AND the letter from the professional describing the indicators of the abuse that apply to the applicant's situation.

Full Name	Position/Title	Telephone #:
Type/Name of organization	Email	
Address	City/Province	Postal Code

Declaration and Consent to Disclosure

I have reviewed the definition and indicators of abuse outlined in this form and in my professional capacity have attached a letter describing the indicators of the abuse applicable to the applicant's circumstances. Yes No

I declare that to the best of my knowledge, the information I have provided in the attached letter is an accurate account of the applicant's situation. Yes No

I understand that Human Services will rely on the information I have provided to assess the applicant's eligibility for special priority. Yes No

Print full name of professional

Signature

Date (YYYY/MM/DD)

Supervisor/Manager of professional (if applicable)

Signature

Date (YYYY/MM/DD)

The Request for Special Priority Status form and attached documentation can be submitted with your basic application for Rent-geared-to-income housing and can be mailed, emailed, or delivered to:

Human Services
21 Reeve Street
Woodstock, ON N4S 3G1

Inquiries can be directed to: (519) 539-9800 ext. 3390 or humanservices@oxfordcounty.ca

Personal information contained on this form or in attachments is collected, pursuant to the *Housing Services Act (2011) Sections 169-176* or the *Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c M.56)*. This information will be used to determine suitability and eligibility for housing applied to, a continuation of housing and the appropriate rent scale and rent-geared-to-income charge. Personal information may be disclosed to housing providers, other municipal or provincial departments and agencies that assist in the provision of social housing and social agencies providing social assistance to the applicant. All applicants must consent to the verification, disclosure and the transfer of information given on this form and attachments by or to any of the above entities and you are required to provide supporting material for the purpose of processing the application.

Professional Must put on Company Letterhead

{Date}

Human Services
21 Reeve Street
Woodstock, ON N4S 3G1

Re: Special Priority – Verification Letter for {Client’s Full Name}

To Housing Services Representative:

Paragraph 1 – please include the nature of the relationship between the client and professional (individual has been my client/patient since..., or client came to the shelter on ...date, etc.)

Paragraph 2 – please state the relationship between the client and the name of the abusive individual (common law partner, husband, parent etc) and identify whether they are still living together and if not, date of separation. Also include the address and length of time the client and abuser lived in co-habitation.

Paragraph 3 – please include specific indicators of abuse. The indicators should clearly outline an abusive situation and demonstrate the risk to the client’s personal safety. While it is not necessary to have details of each incident, the information should demonstrate how the client’s situation meets the provincial definition of abuse which is:

“One or more incident of physical or sexual violence, controlling behaviour, or intentional destruction of or intentional injury to property, or words, actions or gestures that threaten an individual or lead an individual to fear for his or her safety.”

Paragraph 4 - Please include any other any information that is relevant to the request for housing, such as special needs of children, areas of concern to avoid and any special requests (ie floor level, townhouse only)

{Signature of professional who prepared the record}
{Print full name, position/title}

{Signature by a person who has the authority to bind the agency or organization (if applicable)}
{Print full name, position/title}

FYI: The more information provided the easier it is for Human Services to make a decision regarding eligibility. Where the information is lacking the decision may not be a favorable one. If the information is vague it is difficult for Human Services to make the distinction.