

## **REQUEST FOR SPECIAL PRIORITY FOR VICTIMS OF HUMAN TRAFFICKING**

### **INFORMATION FOR APPLICANTS**

In order to request Special Priority for Victims of Human Trafficking, please complete all sections of this form and attach a letter completed by a qualified professional (refer to the list on page 4) who can verify the human trafficking and provide documentation to prove that the member of the household has been trafficked within the last three months. If it has been more than three months since the trafficking stopped and you believe that you are at continued risk, the letter from your qualified professional must explain the ongoing risk.

### **WHAT IS SPECIAL PRIORITY STATUS?**

Special Priority for Victims of Human Trafficking is a waiting list priority that may be assigned to an applicant household where a member of the household is experiencing or has experienced human trafficking. The household must apply for the priority within three months of the trafficking having stopped.

### **WHO MAY REQUEST SPECIAL PRIORITY STATUS?**

Any member of a household applying for rent-geared-to-income (RGI) assistance, that is 16 years or older, may request the household be given Special Priority status. Where the household member who is experiencing/has experienced the human trafficking is under the age of 16, the request can be made on their behalf by another member of the household.

### **DEFINITION OF ABUSE – HUMAN TRAFFICKING**

For the purpose of Special Priority for Victims of Human Trafficking, trafficking is defined as one or more incidents of recruitment, transportation, transfer, harbouring or receipt of an individual by improper means, including force, abduction fraud, coercion, deception and repeated provision of a controlled substance, for an illegal purpose, including sexual exploitation or forced labour.

Please indicate the reason(s) for requesting Special Priority Status:

- Myself/another household member is being trafficked by an individual
- Myself/another household member was being trafficked by an individual that has stopped within the last three months

## INFORMATION OF APPLICANT (SAFE CONTACT INFORMATION ONLY)

Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Can we call you at home?  YES  NO

Work Telephone # and Extension # \_\_\_\_\_

Can we call you at work?  YES  NO

### Please provide a safe mailing address below

Street Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Alternate Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Personal information contained on this form is collected under the authority of the Housing Services Act, 2011 and subject to the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56. The information will be kept confidential and used only for the purpose of assessing eligibility for Special Priority status.

### DECLARATION OF TRAFFICKED INDIVIDUAL

Were you or another member of your household trafficked?

YES  NO

What is the full name of the person who was trafficked (if different from the name in the Information of Applicant section above)? \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

What is the trafficker's full name? \_\_\_\_\_

If you are no longer being trafficked, when did it stop?

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



COMMUNITY HOUSING ACCESS CENTRE (CHAC)  
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## DECLARATION AND CONSENT TO DISCLOSURE

This section must be completed by the individual who was trafficked. If that individual 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 trafficked individual's behalf by: the parent or guardian, a power of attorney that gives consent on the trafficked individual's behalf; or a person who is otherwise authorized to give the consent on the trafficked person's behalf.

I request that my application be given Special Priority for Victims of Human Trafficking on the waiting list.

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

I understand that all information I give to Region of Waterloo Co-ordinated Access System (ROWCAS) will belong to them. In situations where the member of the household will be seeking Ontario Works, the member of the household will allow ROWCAS to advise Ontario Works that their request for Special Priority status has been approved.

I, \_\_\_\_\_, hereby authorize and consent to the disclosure to ROWCAS of information and documents required by ROWCAS for the purpose of verifying the statements on this form and assessing my eligibility for Special Priority status.

I further understand that if I will be at risk of being trafficked by the trafficking individual if I attempt to obtain information or a document, ROWCAS shall not require me to provide that information or document.

ADDITIONALLY,

I hereby authorize \_\_\_\_\_ my \_\_\_\_\_  
**Name of professional** **Professional relationship (i.e.: doctor)**

to complete this form and consent to the disclosure of any supporting information requested by ROWCAS to assess my application.

Applicant Signature \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

Parent/Guardian Signature of Applicant (If Under the Age of 16) \_\_\_\_\_  
Date (MM/DD/YYYY) \_\_\_\_\_

## **INFORMATION FOR PROFESSIONALS PROVIDING VERIFICATION OF HUMAN TRAFFICKING**

The member of the household who is granted Special Priority ranks ahead of everyone else on the waiting list for affordable housing and are housed much faster than everyone else. ROWCAS relies on the written verification of human trafficking from professionals to ensure status is granted to those that truly qualify.

### **To qualify, applicants must:**

- Be eligible for rent-geared-to-income assistance, and
- Are experiencing/have experienced human trafficking, and
- Provide documents confirming that they or someone in their household are being/have been trafficked

### **Special Priority status applications must include:**

- A completed Request for Special Priority for Victims of Human Trafficking form with the verification section completed by a qualified professional as listed on the form, AND
- A letter from the qualified professional describing the indicators of human trafficking applicable to the member of the household's situation, AND
- Proof that the member of the household was trafficked within the last three months. The following professionals can provide verification of abuse:
- A doctor, a Registered Nurse or a Registered Practical Nurse, Lawyer, Law Enforcement Officer, a Minister of Religion authorized under provincial law to perform marriages, Teacher, a Guidance Counsellor, an individual in a managerial or administrative position with a housing provider, a Registered Early Childhood Educator, an Indigenous Elder, Indigenous Traditional Person, or Indigenous Knowledge Keeper, a member of the College of Midwives of Ontario, an Aboriginal person who provides traditional midwifery services, a Psychotherapist, Registered Psychotherapist, or Registered Mental Health Therapist.



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## VERIFICATION OF HUMAN TRAFFICKING SECTION FOR PROFESSIONALS

### PROFESSIONAL'S INFORMATION & DECLARATION

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Note: The applicants request for special priority cannot be considered without this completed form **AND** your letter describing the indicators of human trafficking that apply to the applicant's situation.

The following statement summarizes my knowledge of the human trafficking experienced by the member of the household named below:

**OR**

I have reviewed the definition and indicators of human trafficking outlined in this form and in my professional capacity have attached a letter describing the indicators of human trafficking applicable to the applicant's circumstances.

YES  NO

I declare to the best of my knowledge, the information I have provided in the attached letter is a true and accurate account of the member of the household's situation.

YES  NO

I understand that ROWCAS will rely on the information I have provided to assess the member of the household's eligibility for Special Priority.

YES  NO

Professionals Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_