
REQUEST FOR SPECIAL PRIORITY FOR VICTIMS OF DOMESTIC VIOLENCE

INFORMATION FOR APPLICANTS

In order to request Special Priority for Victims of Domestic Violence, please complete all sections of this form and **attach a letter** completed by a qualified professional (refer to list on page 4) who can verify the abuse and documentation to prove that the member of the household has been abused within the **last three months**. If you have been separated from the abuser for more than three months and you believe that you or someone who lives with you is at risk of further abuse, the letter from your qualified professional must explain the ongoing risk.

WHAT IS SPECIAL PRIORITY STATUS?

Special priority status may be assigned to a household where a member of the household is experiencing or has experienced abuse by a person with whom they live / have lived, or whom is sponsoring them under an Immigration sponsorship. The household must intend to permanently separate from the abuser and may request Special Priority status within three months of separating.

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 experiencing the abuse is under the age of 16, the request can be made on their behalf by another member of the household, excluding the abuser.

DEFINITION OF ABUSE – DOMESTIC VIOLENCE

For the purpose of Special Priority status, abuse, other than trafficking, is characterized by an incident of physical or sexual violence or, words/actions/gestures, which threaten the safety of one's person, children, family or property.

Abuse is done against a member of a household by any one of the following persons:

- A person who is related to the member or any other member of the household.
- A person who is, or has been, in an intimate partner relationship with the member or any other member of the household.
- A person on whom the member or any other member of the household is emotionally, physically or financially dependent.
- A person who is emotionally, physically or financially dependent on the member or any other member of the household.
- A person sponsoring the member or any other household member as an immigrant.

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, a power of attorney that gives 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 request that my application be given Special Priority for Victims of Domestic Violence 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 applicant will be seeking Ontario Works (OW) or Ontario Disability Support Program (ODSP) funding, the applicant will allow ROWCAS to follow up with OW or ODSP to verify they meet the eligibility criteria for Special Priority status.

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 abused by the abusing 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 _____, to complete
Name of professional Professional relationship (i.e.: doctor)

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 OF APPLICANT (SAFE CONTACT INFORMATION ONLY)		
Name:	Cell #	
Home Telephone #	Can we call you at home? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Work Telephone # and Extension #	Can we call you at work? <input type="checkbox"/> YES <input type="checkbox"/> 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 ABUSED INDIVIDUAL		
Were you or another member of your household abused? <input type="checkbox"/> YES <input type="checkbox"/> NO		
What is the full name of the person who was abused (if different from the name in the Information of Applicant section above)?	Date of Birth: (MM/DD/YYYY)	
What is the abuser's full name?		
What is the relationship to the abuser? If the abuser is an immigration sponsor, please attach a copy of your immigration papers. <input type="checkbox"/> Partner/Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Immigration Sponsor <input type="checkbox"/> Other (please describe relationship): _____		
Do you live with the abuser now? <input type="checkbox"/> YES <input type="checkbox"/> NO	Did you ever live with the abuser? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you no longer live with the abuser, when did you stop living together? Month: Day : Year:		
What is the address of the residence that you shared with your abuser?		
Street Address:	Unit #:	
City:	Province:	Postal Code:
I, _____, declare that it is my intention to permanently separate from _____, the abusing member of the household.		
Signature of Applicant:	Date:	

INFORMATION FOR PROFESSIONALS PROVIDING VERIFICATION OF ABUSE

Those applicants who are granted Special Priority Status rank 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 abuse 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
- Intend to permanently live apart from the abuser, and
- Provide documents confirming that they or someone in their household have been abused by someone who lives/lived with them (and meets the criteria of abuser outlined on page one of this form) or by their immigration sponsor

Special Priority status applications must include:

- A completed Request for Special Priority for Victims of Domestic Violence 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 abuse applicable to the applicant's situation, AND
- Proof that the applicant and abuser lived together within the **last three months**. (an acceptable form of proof of cohabitation)

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, a 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.

VERIFICATION OF DOMESTIC VIOLENCE 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 abuse that apply to the applicant's situation.		

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 abuse 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 applicant's eligibility for Special Priority.

YES NO

Professional's Signature:

Date (mm/dd/yyyy):

Name of Supervisor:

Supervisor's Signature:

Date (mm/dd/yyyy):