



Region of Waterloo

COMMUNITY SERVICES

Community Housing Access Centre (CHAC)

Phone: (519) 575-4400 TTY: (519) 575-4608

Email: housingapplication@regionofwaterloo.ca

Website: www.regionofwaterloo.ca/chac

Address: 20 Weber St E, Kitchener, ON N2H 1C3

Request for Special Priority for Victims of Human Trafficking

What is Special Priority for Victims of Human Trafficking (SPP- HT)?

Special priority may be assigned to support victims of human trafficking where a member of the household is experiencing or has experienced human trafficking. The household must apply for SPP– HT within three (3) months of the human trafficking having stopped.

Who is eligible for SPP- HT?

In order to be granted SPP- HT, you or a member of your household have experienced 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.

How to Apply

- **If you are not currently on the waiting list for Community Housing**, you must complete the Application for Community Housing along with the request for Special Priority for Victims of Human Trafficking.

Copies of both forms are available on our website at:

<https://www.regionofwaterloo.ca/en/living-here/find-affordable-housing.aspx>

For other options on how to obtain the forms, please contact our Service First Contact Centre by calling **519-575-4400**.

- **If you are already on the waiting list for community housing**, you will only need to complete and submit the Request for Special Priority for Victims of Human Trafficking.

Applicant Contact Information (How can we safely contact you?)

Full Name:		Safe telephone #:	
Safe email:			
Safe mailing address:			
Street address:		Unit #:	
City:	Province:	Postal Code:	
Safe alternative contact person's name and number:			

Declaration of Trafficked Individual

I declare that I or someone in my household are a victim of human trafficking

What is the full name of the person who was trafficked?	What is their date of birth? (mm/dd/yyyy)
What is the trafficker's full name?	
If you are no longer being trafficked, when did it stop? (mm/dd/yyyy)	

Declaration and Consent to Disclosure

This section must be completed by the person who was trafficked. If that person is unable for any reason sign the consent or to give a valid consent, the consent may be signed on the trafficked person's behalf by: the parent or guardian, a power of attorney that gives consent on the trafficked person'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 SPP- HT on the waiting list.

I confirm that all the information provided on this form is true and complete.

I understand that all information I give to CHAC will belong to them.

I, _____, hereby authorize and consent for CHAC to verify all information and documents provided to access my eligibility for SPP- HT. That includes permission to contact the issuer of any supporting documentation.

I hereby authorize _____ my, _____ to
(Name of Professional) (Professional relationship (i.e.: doctor))

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

Applicant's Signature:

Date:

Parent/Guardian's Signature:

Date:

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 SPP- HT.

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Professional Verification of Human Trafficking

Information for Professionals Providing Verification of Human Trafficking

Applicants who are granted SPP- HT rank ahead of everyone else on the waiting list for affordable housing and are given top priority for housing offers. CHAC relies on the assessment and written verification of trafficking from a defined list of professionals to ensure applicants meet all the eligibility criteria for this priority.

Relationship to applicant: I am working with the applicant around the issue of human trafficking in my professional capacity as a:

- Registered Social Worker
- Registered Social Service Worker
- Registered Mental Health Therapist or Registered Psychotherapist
- Registered Nurse or Registered Practical Nurse
- Registered Early Childhood Educator
- Doctor
- Lawyer
- Law Enforcement Officer
- Housing Provider
- Minister of Religion authorized under provincial law to perform marriages
- Teacher / Guidance Counsellor
- A member of the college of Midwives of Ontario or an Aboriginal person who provides traditional midwifery services
- Indigenous Elder, Indigenous Traditional Person or Indigenous Knowledge Keeper

Information about Verifier

Professional's Information and Declaration:		
Full Name:		Position/Title:
Professional Designation:		Registration / License Number:
Organization:		
Street mailing address:		Unit #:
City:	Province:	Postal Code:
How long have you known/worked with the applicant in a professional capacity?		

Declaration of Verifier

		YES	NO
I have a professional relationship with the applicant that extends beyond completing this verification of human trafficking.		<input type="checkbox"/>	<input type="checkbox"/>
I have reviewed the information on this form and in my professional capacity have assessed and verified my client is a victim of human trafficking and meets the criteria for this priority.		<input type="checkbox"/>	<input type="checkbox"/>
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 household's situation.		<input type="checkbox"/>	<input type="checkbox"/>
Professional's Signature:		Date (mm/dd/yyyy):	
Name of Supervisor:	Supervisor's Signature:	Date (mm/dd/yyyy):	

Important Note: The applicant's request for special priority cannot be considered without this completed form **AND** your letter which includes:

- Your organization letterhead, professional verifiers signature, and a date.
- Examples describing the indicators of human trafficking that apply to your client's situation.
- The relationship between your client and the trafficker.