

## SECTION 1 – APPLICANT INFORMATION

This section must be completed by the person who was abused/trafficked and is applying for special priority status. If the abused/trafficked 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 abused person's behalf by a member of the household who is 16 years or older.

I, \_\_\_\_\_, (name of applicant) \_\_\_\_\_, have applied for special priority status on York Region's Subsidized Housing Wait List.

I hereby authorize \_\_\_\_\_, (name of professional) \_\_\_\_\_, my \_\_\_\_\_, (professional relationship, e.g. doctor) \_\_\_\_\_, to complete this Verification of Abuse Form and a referral letter to assess my application for special priority.

Signature

Date (mm/dd/yy)

## SECTION 2 – VERIFYING PROFESSIONALS INFORMATION

This Verification of Abuse Form is to be completed by a person who knows the applicant applying for special priority status and can confirm their Declaration of Abuse.

Name of person completing verification of abuse form

Job position/title

Employer/company/organization

Street number

Street address

Phone number

City/Town

Province

Postal code

Initial here:

I declare that to the best of my knowledge, the information I have provided on this form is an accurate account of the applicant's situation.

I understand that I am verifying the instance(s) of abuse and not making a recommendation for the applicant's housing placement.

I understand that York Region will rely on the information I have provided to assess the applicant's eligibility for special priority.

## SECTION 3 – BACKGROUND INFORMATION FOR PROFESSIONAL PROVIDING VERIFICATION OF ABUSE

Special priority is intended to help survivors of domestic abuse or human trafficking to permanently separate from their abuser by providing them with stable housing.

Special priority is only given to applicants whose safety is at risk because they live or may return to live with someone who is abusing them as they cannot, due to financial circumstances, secure stable housing. It does not apply to applicants who want to separate from someone because a relationship is not working or to applicants in a housing crisis.

### **Special priority does not provide emergency housing**

If the applicant receives special priority status, they must still wait for a unit to become available. We cannot tell you how long it will take for the applicant to get housing. The amount of time it takes to house a special priority applicant depends on where the applicant hopes to live and the type of unit they need.

### **An applicant must be approved for the wait list before they can be considered for special priority**

#### **An applicant may be given special priority on the wait list if:**

- They are currently living with someone who is abusing them or another person in their household
- They used to live with someone that was abusing them or another person in their household, and stopped living with them three months ago or less
- They are a sponsored immigrant, and their sponsor is abusing them or another person in their household
- They are a victim of human trafficking currently being trafficked, or they are a survivor of human trafficking and have exited trafficking within the last three months or less

#### **An applicant is required to provide the following from a qualified professional:**

- A Verification of Abuse Form completed by a qualified professional as listed on the Form, and
- A referral letter from the same qualified professional on agency letterhead that provides a description of the circumstances that indicate that the applicant is being or has been abused or trafficked.

#### **The following professionals can provide Verification of Abuse:**

- Doctor
- Registered Nurse
- Registered Practical Nurse
- Lawyer
- Law Enforcement Officer
- Minister of religion authorized under provincial law to perform marriages
- Registered Early Childhood Educator
- Teacher
- Guidance Counselor
- An individual in a managerial or administrative position with a Housing Provider
- Indigenous Elder, Indigenous Traditional Person or Indigenous Knowledge Keeper
- Member of the College of Midwives of Ontario
- Indigenous person who provides traditional midwifery services
- Registered social worker

- Registered social service worker
- Registered psychotherapist or registered mental health therapist
- An individual employed by an agency or organization to provide social support services in the community. The referral letter from any of the following professionals must be also signed by the person who has signing authority to bind the agency/organization:
  - Community health care worker
  - Victim services worker
  - Settlement services worker
  - Shelter worker
  - Transitional Support Worker
  - Community legal clinic worker

**If you need a help finding a qualified professional to assist you in the application process, please contact Housing Access at 1-877-464-9675, ext. 72472**

**SECTION 4 – VERIFICATION OF PROFESSIONAL CERTIFICATION**

Initial here:

I DECLARE that I am currently employed as a professional in a position listed below

I DECLARE that I know the applicant in my professional role

**The following professionals can provide Verification of Abuse under the Housing Services Act, 2011  
PLEASE INITIAL NEXT TO YOUR PROFESSION**

Initial	Profession	
	Doctor	I declare that I am currently certified by the College of Physicians and Surgeons of Ontario to practice medicine in the Province of Ontario.
	Registered Nurse	I declare that I am currently certified by the College of Nurses of Ontario to be practicing as a Registered Nurse in the Province of Ontario.
	Registered Practical Nurse	I declare that I am currently certified by the College of Nurses of Ontario to be practicing as a Registered Practical Nurse in the Province of Ontario.
	Lawyer	I declare that I am currently licensed by the Law Society of Ontario to practice law in the Province of Ontario.

Initial	Profession	
	Law Enforcement Officer	<p><b>Please identify the following:</b></p> <p>What law enforcement agency do you currently work for?</p> <p>What is your job title?</p> <p>What is your badge number?</p> <p>What is your relationship with the applicant?</p> <p>Who is your supervisor?</p> <p>What is your supervisor's phone number?</p>
	Minister of religion authorized under provincial law to perform marriages	<p>I declare that I am a religious official and currently authorized by the Office of the Registrar General to perform marriages in the Province of Ontario.</p> <p>What is your professional registration number?</p>
	Teacher	<p>I declare that I am currently certified by the Ontario College of Teachers to teach in publicly funded schools in Ontario.</p> <p>Name of school where you teach:</p> <p>Address of school:</p>

Initial	Profession	
	Private School Teacher	<p>I declare that I currently work as a teacher in a private school in Ontario.</p> <p>Name of school:</p> <p>Address of school:</p> <p>Telephone number:</p> <p>Name of administrator:</p> <p>Telephone number of administrator:</p>
	Guidance Counselor	<p>I declare that I am currently certified by one of the following to be a guidance counselor in the Province of Ontario:</p> <ul style="list-style-type: none"> <li>Canadian Counseling and Psychotherapy Association</li> <li>Ontario School Counselor's Association</li> <li>The Association of Registered Psychotherapists &amp; Mental Health Professionals</li> <li>Other</li> </ul> <p><b>If you selected Other from the list above, please identify the following:</b></p> <p>Your level of professional certification that allows you to work as a guidance counselor in the Province of Ontario:</p> <p>Name of the organization where you are currently employed as a guidance counselor:</p> <p>Address of organization:</p> <p>Telephone Number:</p> <p>Name of an administrator who can verify your employment status as a guidance counselor:</p>

Initial	Profession	
	An individual who is currently in a managerial or administrative position with a Housing Provider	Please identify the following about the Housing Provider where you are currently employed: Name of Housing Provider:  Address:  Telephone number:  Your professional job  Title:
	Indigenous Elder, Indigenous Traditional Person or Indigenous Knowledge Keeper	I declare that I am an Indigenous Elder, Indigenous Traditional Person or Indigenous Knowledge Keeper.
	Member of the College of Midwives of Ontario	I declare that I am currently certified by the College of Midwives of Ontario to be practicing as a Midwife in Ontario. What is your professional registration number?
	Indigenous person who provides traditional midwifery services	I declare that I am an Indigenous person who provided traditional midwifery services.
	Registered Social Worker	I declare that I am currently registered with the Ontario College of Social Workers and Social Service Workers. What is your professional registration number?  Please identify the following about the agency where you are currently employed: Name of your current employer:
	Registered Social Services Worker	Address:  Name of an administrator/manager who can verify if your employment status:  Telephone number of administrator/manager:

Initial	Profession	
	Registered psychotherapist or registered mental health therapist	I declare that I am currently registered with the College of Registered Psychotherapist of Ontario. What is your professional registration number?
<p>If you are an individual currently employed by an agency or organization that provides social support services in the community your referral letter <b>MUST</b> be signed by you and the person who has signing authority to bind the agency/organization.</p> <p><b>Please initial next to your profession and answer the following questions:</b></p>		
	Community health care worker	Name of your current employer:
	Victim services worker	Address:
	Settlement services worker	Telephone number:
	Shelter worker	Your job title:
	Community legal clinic worker	Name of an administrator/manager who can verify if your employment status:
	Transitional Support Worker	Telephone number of administrator/manager:

**We rely on information provided by qualified professionals to verify abuse. We may verify your professional accreditation and employment status with your employer or professional college.**

**SECTION 5 – PROFESSIONALS VERIFICATION OF ABUSE**

I DECLARE that I have conducted an assessment of the applicant's situation in my professional capacity and it is my professional opinion that the applicant is being or has experienced the following instance(s) of abuse:

- Physical or sexual violence,
- Controlling behaviour,
- Intentional destruction of or intentional injury to property,
- Words, actions or gestures that threaten the applicant or lead the applicant to fear for his or her safety, or
- Trafficking of the applicant done by any individual.

I have attached a referral letter on agency letterhead that provides a description of the circumstances of abuse that support my conclusion that the applicant is being or has been abused or trafficked.

The referral letter is mandatory and must include the following:

- ✓ The name of the abused or trafficked applicant
- ✓ Name of the declared abuser
- ✓ A statement by the person preparing the record that he or she has reasonable grounds to believe that the applicant is being or has been abused or trafficked
- ✓ A description of the circumstances that indicate that the applicant is being or has been abused or trafficked
- ✓ Information about the person who prepared the record, including his or her name, occupation and any professional designations
- ✓ The date the record was prepared
- ✓ If you are employed by an agency or organization to provide social support services in the community, the letter must be signed by you and the person with signing authority to bind the agency/ organization.

Initial here:

**SECTION 6 – SIGNATURE OF VERIFYING PROFESSIONAL**

I DECLARE that the information that I have provided in this Verification of Abuse Form and the referral letter is an accurate account of the applicant's situation.

Signature of professional completing this Verification of Abuse Form    Date (mm/dd/yy)

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. The information will be used to determine eligibility for special priority and for statistical reporting. The information provided may be cross-referenced with other municipal data pertaining to the household. **If you have questions about this collection, please contact the Program Manager, Housing Access, Housing Services Branch, Community and Health Services Department, The Regional Municipality of York, at 17310 Yonge St., Unit #9, Newmarket, Ontario, L3Y 7R8 or phone 1-877-464-9675 ext. 72470.**