



## Housing Services Intake

### Special Priority Policy (SPP) Status Verification Declaration Application

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#### **Important Note to Person (verifier) Completing This Form:**

Any member of the household who is 16 years old or older, that is applying for rent-geared-to- income (RGI) assistance, may request that they be included in the Special Priority Policy (SPP) Status household category on the centralized waiting list **if they are currently or have been subject to abuse from another household member; the abusing member is or was living with the applicant or is sponsoring the applicant as an immigrant;** and the abused applicant intends to live permanently apart from the abusing member. The request for SPP Status must be in writing and signed by the applicant making the request.

SPP Status allows RGI applicants to move ahead of chronological applicants on waiting lists for housing units therefore verifiers and housing staff must ensure that the SPP Status is reserved for those who qualify in accordance with the legislation. **The SPP Status does not apply to applicants who are separating from their partner because their relationship is not working.**

#### **Verifying Person Completing this Form**

The applicant from whom you have received this form has applied for RGI housing and may be eligible for SPP Status because of abuse. The SPP Status is reserved for individuals whose situation corresponds to the definition of abuse and indicators of abuse described below. SPP Status may be assigned once eligibility has been determined by the Housing Services Intake staff and the abuse has been verified.

#### **Who may complete this form as a verifier of the abuse?**

This form may be completed by one of the following: doctor, registered nurse or registered practical nurse, lawyer, law enforcement officer, member of the clergy, teacher, guidance counsellor, an individual in a managerial or administrative position with a housing provider, community services worker, including, a community health care worker, registered social worker, registered social service worker, victim services worker, a settlement services worker, shelter worker, community legal worker, registered early childhood educator, Indigenous Elder, 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, and any other individual who knows about the abuse.

#### **A verifier must complete and submit the following information to Housing Services Intake:**

- 1) **A completed Verification Declaration form** (attached to this document), **and**
- 2) **A letter of Verification** which includes the following information;
  - a) Description of applicant's experience of abuse which led applicant to utilize your services or seek your assistance (Making reference to "Indicators of Abuse" described in this document);
  - b) Relationship of applicant to abuser and applicant's current living situation;
  - c) Any further information related to applicant's situation and safety needs which would assist the application (e.g., unit location with respect to access to support services or proximity to abuser).

#### CLIENT SERVICES DIVISION

231 May Street South, Thunder Bay, ON P7E 1B5

TF: 1.877.281.2958 | T: 807.766.2111 | F: 807.345.7921 | [www.tbdssab.ca](http://www.tbdssab.ca)



### **How Is Eligibility for Special Priority Established?**

To be eligible for SPP Status on the waiting list for RGI assistance, **the applicant (or applicant's family member/s) must have experienced an incident or series of incidents where their safety is or has been at risk. The applicant must either have recently left the abuser (time limit of three months) or be currently living in a familial relationship with the abuser.** The time frame may be extended on the sole discretion of the Manager of Housing Services.

### **Definition of Abuse**

Abuse is defined as any incident of physical or sexual violence, or, words/actions/gestures, which threaten the applicant, children, family or property. SPP has been expanded to include survivors of human trafficking.

### **Indicators of Abuse**

Individual perceptions about what kinds of situations constitute "abuse" may vary. For the purpose of the policy, verifiers are to refer to the following list of "kinds of indicators" in assessing the applicant's situation of abuse, which are considered to warrant SPP Status for rent-geared-to- income housing.

1. Intervention by the police indicating that the member was abused by the abusing individual.
2. Physical injury caused to the member by the abusing individual.
3. An application of force by the abusing individual against the member to force the member to engage in sexual activity against his or her will.
4. One or more attempts to kill the member or another member of the household.
5. Use of a weapon against the member or another member of the household.
6. One or more incidents of abuse, including the following: threatening to kill the member or another member of the household; threatening to use a weapon against the member or another member of the household; threatening to physically harm the member or another member of the household; destroying or injuring or threatening to destroy or injure the member's property; intentionally killing or injuring pets or threatening to kill or injure pets; threatening to harm or remove the member's children from the household; threatening to prevent the member from having access to his or her children; forcing the member to perform degrading or humiliating acts; terrorizing the member; enforcing social isolation upon the member; failing to provide or withholding the necessities of life; threatening to withdraw from sponsoring the member as an immigrant; threatening to take action that might lead to the member being deported; other words, actions, or gestures that threaten the member or lead the member to fear for his or her safety.
7. Undue or unwarranted control by the abusing individual over the member's personal or financial activities.
8. One or more incidents of stalking or harassing behaviour against the member or another member of the household.
9. Households who are currently being trafficked or those who have exited trafficking within a period of three months are eligible to apply for SPP.



**Verification Declaration for Special Priority Policy (SPP) Status**

**A) THIS SECTION TO BE COMPLETED BY THE PERSON VERIFYING THE ABUSE FOR SPP**

<b>Verifier's name:</b>		<b>Position:</b>	
<b>Organization:</b>		<b>Telephone #:</b>	
<b>Address:</b>			

**As the verifier of the abuse I declare the following:**

- I have reviewed and understand the Verification Process and Indicators of abuse necessary under the Special Priority Policy (SPP) for applicants who are abused to obtain SPP Status in accessing RGI housing;
- I have attached a verification letter providing information about the applicant's situation; and
- I am aware of my responsibilities in providing verification information and that the information I have provided is a true and accurate account of the applicant's situation.

<b>Signature of Verifier:</b>		<b>Date:</b>	
<b>Name of Supervisor/Director (where applicable):</b>		<b>Address:</b>	
<b>Signature of Supervisor/Director:</b>		<b>Date:</b>	

**B) THIS SECTION IS TO BE COMPLETED BY THE APPLICANT FOR SPP**

As the applicant for SPP Status, I declare the following:

- That I have been subject to abuse as listed in this verification document from another individual in my household;
- That I am unable to sign the request; please provide details;
- That the abusing person is or was living with me or is sponsoring me as an immigrant;
- That I intend to live permanently apart from my abuser; and
- That I have not been living apart from my abuser for more three months. Please provide details if you have been living apart for longer than three months. Please use additional pages if required.

**(NOTE: \*It is the sole discretion of the Supervisor, Housing Services Intake to approve of the extension of the three month time frame from when the applicant was last residing with the abusing individual).**



**THE DISTRICT OF THUNDER BAY  
SOCIAL SERVICES ADMINISTRATION BOARD**

**Special Contact Information:** If it is not safe to contact you at the address and phone number listed on your application please provide contact information below:

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**DECLARATION:**

I, (print name) \_\_\_\_\_ hereby authorize and consent to:

- a) The completion of this form and it's submission to ***The District of Thunder Bay Social Services Administration Board, Housing Services Intake*** and,
- b) The disclosure to ***The District of Thunder Bay Social Services Administration Board, Housing Services Intake*** of any additional information it may request to clarify the information on this form.

<b>Signature of Applicant:</b>		<b>Date:</b>	
<b>Signature of Witness:</b>		<b>Date:</b>	

**Special Priority Policy Privacy Covenant**

*All information collected for the purpose of assessing your eligibility under the Special Priority Policy shall be kept in strict confidence and in accordance with applicable legislation including the Social Housing Reform Act, 2000, the Municipal Freedom of Information and Protection of Privacy Act (R.S.O.1990) and the Child and Family Services Act R.S.O. 1990, CHAPTER C.11. Any necessary disclosure or non-disclosure will be made in accordance with provincial and federal privacy laws and regulations.*

**FOR OFFICE USE ONLY:**

<b>Date Verification Received:</b>	<b>Date Verification Reviewed:</b>	<b>Date Special Priority approved:</b>	<b>Number of Days Lapsed:</b>
<b>Special Priority Status Assigned</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Reason:</b>
<b>Date:</b>	<b>Completed By:</b>		