

Request for inclusion in the Special Priority Household Category

The Housing Services Act gives priority access to social housing applicants who are being or have been trafficked. This special priority applies if a member of the applicant's household is being or has been trafficked.

-HSA, 2011, Ontario Regulation 367/11, Section 52

Priority status allows applicants to move ahead of all other applicants on the centralized wait list for housing. Verifiers and housing staff must ensure that inclusion in the Special Priority Household Category is reserved for those who truly need it.

Children's Aid Society may be contacted when a child of the household is being or has been abused/trafficked or exposed to circumstances of abuse or trafficking.

This policy requires that the VOHT request must be made within the 3 month timeline since the trafficking stopped. It does not apply to applicants who simply want to separate from someone because their relationship is not working.

Definition of Trafficking

Trafficking means one or more incidents of recruitment, transportation, transfer, harbouring or receipt of the member by improper means, including force, abduction, fraud, coercion, deception, provision of a controlled substance (e.g. drugged), for an illegal purpose, including sexual exploitation or forced labour.

Trafficking of the member of the household could be done by any individual.

Record of Abuse by Trafficking

A record verifying there has been trafficking will include a statement by an approved community professional that he or she has reasonable grounds to believe the individual is being or has been trafficked within the last 3 months, information about the community professional preparing the record, including his or her name, occupation and any professional designations. The statement should also include the full name of the trafficked member and a description of the circumstances that indicate that the individual is being or has been trafficked.

Applicant Declaration of Abuse by Trafficking

Please provide the following information

Applicant full name: _____

I am still being trafficked by the individual(s) Yes No

If no, the trafficking stopped _____
(date trafficking stopped mm/dd/yyyy)

Applicant's Declaration and Consent

I, _____ hereby authorize and consent to the completion of this form and its submission to Housing Client Services and the disclosure to Housing Client Services any additional information and documents required by the agency for the purpose of verifying the above statements provided by myself for eligibility under the Special Priority Household category.

I SOLEMNLY DECLARE that I have read the content of the Housing Client Services Victims of Human Trafficking Form – Applicant Declaration of Trafficking Form and understand that priority status is reserved for only those who require it for safety reasons.

I UNDERSTAND that if any of the information which I provide in the Request Form is determined to be untrue or incorrect, I will be disqualified for the special priority status and Housing Client Services or the Social Housing Provider may cancel my application, take legal action or both.

I SOLEMNLY DECLARE that all of the information contained in the Request Form and provided in relation to my Application is true, correct and complete.

I understand that all information I give to Housing Client Services will belong to Housing Client Services.

I consent to disclosure of my personal information by Housing Client Services to third parties for the purpose of determining eligibility under the Special Priority Eligibility section and also to the release of my contact information to Victim Services of Peel for the purpose of follow up contact.

For questions on the collection of this information should be directed to the Regional Municipality of Peel, Housing Property Department, Supervisor, Document Management, 10 Peel Centre. Dr. Suite B P.O. Box 2800 Brampton, ON L6T 0E7 905-453-1300, ext. 3577.

Name _____

Signature _____ Date _____

“SAFE” Contact Information

Please provide a “safe” telephone number and/or address where we may contact you.

Address _____ Postal Code _____

City _____ Telephone Number _____

Agency Name, if Applicable _____

Victims of Human Trafficking Checklist

Use this checklist to ensure you have attached all the required documents. If any documents are missing, we will not be able to review your request for the Victims of Human Trafficking category on the centralized wait list.

In order to apply for this priority - You must have completed an application for community housing under the HSA in the Region of Peel. If you have not done this, you may do so at <https://peelregion.ca/housing/help/>. Eligibility for rent-geared-to-income (RGI) must be verified before a priority can be considered.

Housing Client Services Victims of Human Trafficking Form – You and your community professional have completed all required sections

Applicant Responsibility

Applicants are responsible to inform Housing Client Services of any changes to their:

- | | |
|-----------------------|-----------------------|
| 1. Address | 4. Household Income |
| 2. Family Composition | 5. Immigration Status |
| 3. Telephone Number | |

Within 10 business days of the change taking place

Applications that are not updated will be inactivated.

Your name will be removed from the wait list and you will be ineligible for community housing - HSA in Peel

To Contact Housing Client Services

Address: 10 Peel Centre Dr. Suite B
P.O. Box 2800 Brampton ON L6T 0E7

Telephone: 905-453-1300

Website: www.peelregion.ca/housing

NOTICE WITH RESPECT TO THE COLLECTION OF PERSONAL INFORMATION

(Municipal Freedom of Information and Protection of Privacy Act and Housing Services Act, 2011)

Personal information on this form and attachments is collected under the authority of the Housing Services Act, S.O. 2011, Chap.6. Personal information on this form and attachments will be used to determine eligibility for special priority status under the Housing Services Act, 2011. Information provided by you may be disclosed as necessary for the purpose of making decisions or verifying eligibility for assistance under the Housing Services Act, 2011, the Ontario Disability Support Program Act, 1997, the Ontario Works Act, 1997 or the Child Care & Early Years Act, 2014. Information may also be disclosed as authorized by an agreement made under section 171 or section 172 of the Housing Services Act, 2011. Questions about this collection should be directed to the Regional Municipality of Peel, Housing and Property Department, Supervisor, Document Management, 10 Peel Centre Dr. Suite B P.O. Box 2800 Brampton, ON L6T 0E7, 905-453-1300, ext. 3577

Community Professional's Confirmation of Abuse by Trafficking

According to the Housing Services Act, the following community professionals, in their professional capacity, are eligible to provide a written confirmation of the abuse by trafficking, as identified and outlined in this document meeting the HSA definitions of trafficking and record of abuse by trafficking.

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Registered nurse or registered practical nurse • Lawyer • Law enforcement officer • Doctor • Minister of religion authorized under provincial law to perform marriages • Registered early childhood educator • Teacher | <ul style="list-style-type: none"> • Guidance counsellor • An individual in a managerial or administrative position with a housing provider • Indigenous Elder, Indigenous Traditional Person or Indigenous Knowledge Keeper • Psychotherapist, registered psychotherapist or registered mental health therapist | <ul style="list-style-type: none"> • Member of the College of Midwives of Ontario • Aboriginal person who provides traditional midwifery services • Registered social worker • Registered social service worker • Any other individual who knows about the abuse * |
|--|--|---|

*Note: This individual will provide the required record of abuse as described above together with a declaration of the truth of the record, administered by a commissioner for taking affidavits.

Community Professional's Declaration and Consent

I, _____ a professional _____ certify that I have read the Housing Client Services Victims of Human Trafficking – Confirmation of Abuse by Trafficking form and understand that under the Housing Services Act priority access to social housing can be provided to applicants who are being trafficked or have been trafficked within the past 3 months.

I understand that priority status is reserved for only those who truly require it for safety reasons. I have read the definition of trafficking provided herein and have assessed the applicant's situation of abuse by trafficking in its consideration.

Initials

I understand that it is my responsibility to provide the confirmation of abuse by trafficking for consideration of this request and have completed the Confirmation of Abuse by Trafficking Statement section detailing the account of the applicant's situation of trafficking. I verify that my statement of the account of the applicant's situation is accurate.

I understand that as the community professional providing confirmation of abuse by trafficking, that I have done so by providing services to the applicant in a professional capacity.

Initials

Confirmation of Abuse by Trafficking Statement by Community Professional

Community Professional checklist for documented Record of Abuse by Trafficking

- | | |
|---|--|
| <input type="checkbox"/> Applicant's full name | <input type="checkbox"/> Name of trafficker(s) |
| <input type="checkbox"/> Description of circumstances surrounding trafficking | <input type="checkbox"/> Indicate if trafficker(s) name is unknown |
| <input type="checkbox"/> Dates trafficking started, ended and/or is currently ongoing | <input type="checkbox"/> Signed and dated |

| | | |
|-----------|----------------|--------------|
| Name | Position/Title | Organization |
| Address | Postal Code | Telephone |
| Signature | | Date |