

230 Talbot Street, St. Thomas, Ontario, N5P 1B2
Phone: 519-631-9350 | Toll Free: 1-800-265-4362 | Fax: 519-631-1824

Confirmation of Abuse

Eligibility for inclusion in the Special Priority Household Category

The Social Housing Reform Act gives priority access to social housing applicants whose personal safety, or whose family's safety is at risk because of abuse by an individual with whom they live. This special priority is to enable the applicant household to separate permanently from the abuser.

- SHRA, 2000, Ontario Regulation 298/01, Section 24

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

This policy does not apply to applicants who simply want to separate from someone because their relationship is not working (e.g. Family breakdown).

Definition of Abuse

Abuse includes an incident of physical or sexual violence against an individual, an incident of intentional destruction of or intentional injury to an individual's property, or words, actions, or gestures that threaten an individual or his or her property.

Indicators of Abuse

Individual perceptions about what kind of situations constitute "abuse" may vary. For the purposes of this policy, verifiers are to refer to the following list of "kinds of indicators" in assessing the applicant's situation of abuse. The existence of these indicators of abuse are considered to warrant inclusion in the Special Priority Household Category for rent-geared-to-income housing.

1. A record of intervention by the police indicating that the applicant was abused by another individual.
2. A record of physical injury caused to the applicant by the abusing individual.
3. A record of the application of force by the abusing individual against the applicant to force the member to engage in sexual activity against his or her will.
4. A record of words, actions or gestures by the abusing individual that threaten the member or his or her property including, but not limited to, the following:
 - Threatening to physically harm the applicant or another member of the household
 - Threatening to destroy or injure the applicant's property
 - Killing or intentionally injuring pets
 - Threatening to remove the applicant's children from the household
 - Threatening to prevent the applicant from having access to his or her children
 - Forcing the applicant to perform degrading acts
 - Terrorizing the applicant
 - Threatening to take action to withdraw from sponsoring the applicant as an immigrant
 - Threatening to take action that might lead to the applicant being deported
 - Other words, actions or gestures which lead the applicant to fear for his or her safety
5. A record of undue or unwarranted control by the abusing individual over the applicant's daily personal and financial activities.

Confirmation of Abuse

According to the Social Housing Reform Act the following professionals are eligible to provide confirmation of abuse:

- doctor
- member of the clergy
- registered social worker or social service worker
- lawyer
- guidance counselor
- an individual in a managerial or administrative position with a housing provider
- teacher
- victim services worker
- law enforcement officer
- shelter worker
- settlement services worker

To be completed by the verifier:

The verifier must answer all the questions below for the applicant to be reviewed for priority.

I have a professional relationship with this client and am eligible to complete this form. *(as outlined in the list above)* ☐ Yes ☐ No

I have reviewed the information on the back of this form and my professional assessment is that the applicant has experienced abuse *(as defined on the back of this form)* ☐ Yes ☐ No

I have attached a letter providing a detailed account of the applicant's situation of abuse. *(Please refer to the list of indicators on this form as a guide.)* ☐ Yes ☐ No

I am aware of my responsibility in providing the confirmation of abuse and declare that the information I have provided is an accurate account of the applicant's situation. ☐ Yes ☐ No

_____ Name	_____ Position/Title	_____ Organization
_____ Address	_____ Postal Code	_____ Telephone
_____ Signature	_____ Date	

To be completed by the applicant:

I, _____ hereby authorize and consent to the completion of this form and its submission to Elgin – St. Thomas Housing Application Centre and the disclosure to Elgin-St. Thomas Housing Application Centre of any additional information it may request to clarify the information on this form.

Signature _____ Date _____

Name Printed _____

Personal Information contained on this form is collected under the authority of the Social Housing Reform Act, 2000, S.O. 2000, c.27 and subject to Municipal Freedom of Information and Protection of Privacy Act, S.O. 1990, c.M.56. The information will be used to determine current/or inclusion in the Special Priority Household category.