

# REFERRAL

## Alternative Dispute Resolution

**Referral Date:** \_\_\_\_\_

**Family/Case ID#:** \_\_\_\_\_

Case ID should consist of first 2 initials of Primary Caregiver's first and last names. i.e.: Jane Doe ID# JADO

**D.O.B.:** \_\_\_\_\_

of Primary Caregiver as referenced in Case ID

**Referral Source Information**

**Agency:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Caseworker:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Service Requested:**    CPM       FGC       Indigenous Approach  
 Transitional Planning Conferences

**Referral Reason:** \_\_\_\_\_

**If Other, detail:** \_\_\_\_\_

**CAS File #:** \_\_\_\_\_      **# of Children in ADR Referral:** \_\_\_\_\_

**Birthdates of Children in ADR Referral:**

Child/Youth #1		Child/Youth #4	
Child/Youth #2		Child/Youth #5	
Child/Youth #3		Child/Youth #6	

**Case Status:**    Open to Child Protection Services?       Yes       No

**Court Status:**    Child Protection application before the court?       Yes       No

**Signature**

\_\_\_\_\_  
 Individual making referral

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorizing Supervisor

\_\_\_\_\_  
 Date

## **Referral Submission**

It is the referring agency's responsibility to ensure the children's lawyer is advised and the appropriate form submitted to the Office of the Children's Lawyer. If an OCL is currently assigned, there is no need to notify the OCL.

Submit completed form to the ADR office: Email: [adr@csbd.on.ca](mailto:adr@csbd.on.ca)

- You will receive an email response to your request within two (2) business days; however, every effort will be made to respond within 24 hours.
- Upon receipt of approval, contact a service provider from the provided roster list. Provide the service provider with the 4 digit Family Case ID#.
- Service providers invoice the ADR office directly.

### **To be completed by ADR office only**

Date received by ADR Office: \_\_\_\_\_ Approved:  Yes  No

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_