

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:** _____ **Ext:** _____

Society Worker: _____ **Email:** _____

Supervisor: _____ **Email:** _____

Service Requested: CPM FGC Indigenous Approach
 Transitional Planning Conferences (TPC)

Is requested Service part of Ready Set Go? Yes No

Referral Reason: _____

If Other, explain: _____

Family's cultural identity: _____

Birthdates of Child(ren) 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

 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

- 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 approval, the ADR Program Coordinator shall notify both the Society Worker and the Service Provider that the referral is approved, and service can begin.
- 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: _____