

ADR-Link c/o London Family Court Clinic

200-254 Pall Mall St, London, ON N6A 5P6

fax 519-679-4234

www.adr-link.ca

adr-link@lfcc.on.ca

cell 519-282-6991

READY, SET, GC	referral form	should be f	illed in WITI	H the youth. (NEW REFERRAL	_S)
1 Is this the first time the youth has bee	en referred to	ADR?				
2 Date (31 may 2000)			•			
3 Referring Organization						
4 Referring Worker's Name						
5 Referring Worker's Email						
6 Referring Worker's Phone			ext			
					_	
7 Worker's Supervisor's Name						
8 Worker's Supervisor's Email						
9 Worker's Supervisor's Phone			ext			
					-	
10 CAS Lawyer						
11 CAS Lawyer Email						
12 Youth's Name (fname, Iname)						
13 Address						
14 Town/Postal Code						
15 DOB (31 may 2000)						
16 Age						
17 Pronouns						
18 Phone (numbers only)						
19 permission to text?						
20 pemission to leave messages?						
21 Email						
Is there someone else we can contact	if we aren't a	ble to reach	you after se	everal attemp	ots?	
22 Name (fname, Iname)						
23 Relationship						
24 Phone (numbers only)						
24 Email						
If youth is under 18 OCL must be notif	ied of this refe	erral and a o	copy sent to	ADR-Link		
25 Does youth have current representati	on from OCL?		select one	required		
If yes, name (fname, Iname)						
OCL notification form can be found he	ere	OCL notifie	cation form			
26 Is the youth engaged with CAS under a	a VYSA?		select one	required		
ADR is available in person or virtually.	Youth will de	cide what v	vorks for the	em with the p	practitioner.	
27 Is the youth able to participate in virtu	ual services?		select one	required		
28 Youth's preferred language		select one	required			
If other - what language?						



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We do our best to provide one consi		-	engagement in RSG. We do our
best to honour the youth's preference	e in practitioner but the	at is not always possible.	
29 Is there a practitioner the youth pref	ers to work with?	select one required	
If yes, what is their name?			
30 Is there a practitioner they prefer NC)T to work with?	select one required	
If yes, what is their name?			
31 Does the youth identify as Indigenou	us - First Nation, Inuit or	Metis?	select one required
If yes, you MUST notifiy their commu			· ·
Community Name			
Community Location			
Band Name			
Band Rep Name (fname, Iname)			
Band Rep Phone (numbers only)			
Band Rep Email			
band Kep Email	ļ		
32 Please confirm that you have connect	ted with an FNMI renre	sentative if youth identifie	as as such
		select one requir	
		Select one requir	eu
33 Anticipated areas of focus for RSG: (1	3)		
	select all applicable		

Please provide detail on "other"



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What factors contribute to the youth's involvement with CAS? (14)

select all applicable

Please provide detail on "other"

What are the reasons for this referral? (This information should be provided with input from youth.) Please include all relevant details.



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Please provide a list of the people the youth would like to participate in the RSG services with them

Providing contact info for the people listed below grants ADR-Link permission to reach out to them. Youth may add or remove people at any time during their services.

1 Name (fname, Iname) Relationship Phone (numbers only) Email	select one required
2 Name (fname, Iname) Relationship Phone (numbers only) Email	select one required
³ Name (fname, Iname) Relationship Phone (numbers only) Email	select one required
4 Name (fname, Iname) Relationship Phone (numbers only) Email	select one required
s Name (fname, Iname) Relationship Phone (numbers only) Email	select one required
6 Name (fname, Iname) Relationship Phone (numbers only) Email	select one required

This referral package must include the following documents:

This referral form

Notification to OCL for any youth under 18 (not required for 18+) Youth's signed consent to participate in ADR for RSG

Please forward all completed documents to adr-link@lfcc.on.ca or fax to 519.679.4234