



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, GO referral form should be filled in WITH the youth.

Use ONLY for youth RETURNING for RSG service - (new referrals MUST use the new file referral form)

1 Is this the first time the youth has been referred to ADR?	<input type="checkbox"/>	<input type="checkbox"/>
2 Date (31 may 2000)	<input type="text"/>	
3 Referring Worker's Name	<input type="text"/>	
4 Referring Worker's Email	<input type="text"/>	
5 Referring Worker's Phone	<input type="text"/>	ext <input type="text"/>
6 Worker's Supervisor's Name	<input type="text"/>	
7 Worker's Supervisor's Email	<input type="text"/>	
8 Worker's Supervisor's Phone	<input type="text"/>	ext <input type="text"/>
9 CAS Lawyer	<input type="text"/>	
10 CAS Lawyer Email	<input type="text"/>	
11 Youth's Name (fname, lname)	<input type="text"/>	
12 Address	<input type="text"/>	
13 Town/Postal Code	<input type="text"/>	
14 DOB (31 may 2000)	<input type="text"/>	<input type="text"/>
15 Age	<input type="text"/>	
16 Pronouns	select one required	
17 Phone (numbers only)	<input type="text"/>	<input type="text"/>
17 permission to text?	select one required	
18 permission to leave messages?	select one required	
19 Email	<input type="text"/>	
Is there someone else we can contact if we aren't able to reach you after several attempts?		
20 Name (fname, lname)	<input type="text"/>	
21 Relationship	select one required	
22 Phone (numbers only)	<input type="text"/>	<input type="text"/>
22 Email	<input type="text"/>	
23 Anticipated areas of focus for RSG: (13)	select all applicable	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
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	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	



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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, lname)	<input type="text"/>
Relationship	<input type="text" value="select one required"/>
Phone (numbers only)	<input type="text"/>
Email	<input type="text"/>
2 Name (fname, lname)	<input type="text"/>
Relationship	<input type="text" value="select one required"/>
Phone (numbers only)	<input type="text"/>
Email	<input type="text"/>
3 Name (fname, lname)	<input type="text"/>
Relationship	<input type="text" value="select one required"/>
Phone (numbers only)	<input type="text"/>
Email	<input type="text"/>
4 Name (fname, lname)	<input type="text"/>
Relationship	<input type="text" value="select one required"/>
Phone (numbers only)	<input type="text"/>
Email	<input type="text"/>
5 Name (fname, lname)	<input type="text"/>
Relationship	<input type="text" value="select one required"/>
Phone (numbers only)	<input type="text"/>
Email	<input type="text"/>
6 Name (fname, lname)	<input type="text"/>
Relationship	<input type="text" value="select one required"/>
Phone (numbers only)	<input type="text"/>
Email	<input type="text"/>

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