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| ONTARIO | Ministry of Children  and Youth Services | | | | | | | | Notice: Notification to the Office  of the Children’s Lawyer under the  *Child and Family Services Act* of Services for 16 and 17 Year Olds | | | | | | | | |
| Please fax the form to the address below:  Office of the Children’s Lawyer  Ministry of the Attorney General  393 University Avenue, 14th Floor  Toronto ON M5G 1W9  Tel: 416 314-8000  Fax: 416 314-8050  Attn.: Katherine Kavassalis, Legal Director, Personal Rights  Tel: (416) 314-8085 Fax: (416) 314-8050  Email: Katherine.Kavassalis@ontario.ca | | | | | | | | | | | | | | | | | |
| Section I Youth Information | | | | | | | | | | | | | | | | | |
| Last Name | | | | First Name | | | | | | | | | | Date of Birth *(yyyy/mm/dd)* | | | Is the youth a minor parent?  Yes  No |
| Address *(Number and Street )* | | | | | | | | | | | | | Suite/Unit/Apt. | | | City/Town | |
| Province | | Postal Code | | | | | Telephone Number *(inc. area code)*  (     ) | | | | | | | | | Alternative Contact Info | |
| Has the youth been informed that a referral to the OCL has been made?  Yes  No | | | | | | | Does the youth identify as First Nations, Inuit, or Métis?  Yes  No | | | | | | | | | Youth’s preferred method of contact | |
| **Language** | | | | | | | | | | | | | | | | | |
| Does the youth require services in French?  Yes  No | | | | | | | | | | | | | | | | | |
| Section II Contact Information | | | | | | | | | | | | | | | | | |
| 1. Children’s Aid Society | | | | | | | | | | | | | | | | | |
| Name of Agency | | | | | | | | | | | | | | | | | |
| Name of Child Protection Worker | | | | | | | | | | Email Address | | | | | | | |
| Address *(Number and Street )* | | | | | | | | | | | | | Suite/Unit/Apt. | | City/Town | | |
| Province | | | Postal Code | | | | | Telephone Number *(inc. area code)*  (     )       ext. | | | | | | | Fax Number *(inc. area code)*  (     ) | | |
| 2. Parents/Caregivers | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | First Name | | | | | | | | | Relationship to Youth | | |
| Address *(Number and Street)* | | | | | | | | | | | | | | | Suite/Unit/Apt. | | |
| City/Town | | | | | Province | | | | | | | Postal Code | | | Telephone Number *(inc. area code)*  (    ) | | |
| Email Address | | | | | | | | | | | | Preferred method of contact | | | | | |
| Does the youth reside at the parent/caregiver’s address? Is the parent/caregiver involved?  Yes  No  Yes  No  Is the youth agreeable to the parent/caregiver being contacted?  Yes  No | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | First Name | | | | | | | | | Relationship to Youth | | |
| Address *(Number and Street)* | | | | | | | | | | | | | | | Suite/Unit/Apt. | | |
| City/Town | | | | | Province | | | | | | Postal Code | | | | Telephone Number *(inc. area code)*  (    ) | | |
| |  |  | | --- | --- | | Email Address | Preferred method of contact | | | | | | | | | | | | | | | | | | |
| Does the youth reside at the parent/caregiver’s address? Is the parent/caregiver involved?  Yes  No  Yes  No    Is the youth agreeable to the parent/caregiver being contacted?  Yes  No  \*Additional Parent/Caregiver information can be included in Section IV Optional Information | | | | | | | | | | | | | | | | | |
| 3. Other Relevant Contacts | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | First Name | | | | | | | | | Relationship to Youth | | |
| Address *(Number and Street)* | | | | | | | | | | | | | | | Suite/Unit/Apt. | | |
| City/Town | | | | | Province | | | | | | Postal Code | | | | Telephone Number *(inc. area code)*  (    ) | | |
| |  |  | | --- | --- | | Email Address | Preferred method of contact | | | | | | | | | | | | | | | | | | |
| Is the youth agreeable to this individual being contacted?  Yes  No | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | First Name | | | | | | | | | Relationship to Youth | | |
| Address *(Number and Street)* | | | | | | | | | | | | | | | Suite/Unit/Apt. | | |
| City/Town | | | | | Province | | | | | | Postal Code | | | | Telephone Number *(inc. area code)*  (    ) | | |
| |  |  | | --- | --- | | Email Address | Preferred method of contact | | | | | | | | | | | | | | | | | | |
| Is the youth agreeable to this individual being contacted?  Yes  No  \*Additional information can be included in Section IV Optional Information   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **4. Representative of Youth’s First Nation, Inuit, or Métis community, if applicable** | | | | | | Last Name | | First Name | | Relationship to Youth | | Address *(Number and Street)* | | | | Suite/Unit/Apt. | | City/Town | Province | | Postal Code | Telephone Number *(inc. area code)*  (    ) | | |  |  | | --- | --- | | Email Address | Preferred method of contact | | | | | | | Is the youth agreeable to the representative being contacted?  Yes  No  \*Additional information can be included in Section IV Optional Information | | | | | | | | | | | | | | | | | | | | | | |
| Section III CAS is Proposing: (check all that apply) | | | | | | | | | | | | | | | | | |
| Referral proposed:   |  | | --- | | * **A youth is in need of protection and the society is proposing one of the following:** | | Voluntary Youth Services Agreement (VYSA) | | Kinship Service Agreement | | Temporary Care Agreement (TCA) | | Court Ordered Care | | Other | | * **A VYSA termination notice has been received or issued by a society** | | | | | | | | | | | | | | | | | | |
| Part 1 Please provide particulars relating to the protection concerns and plan for the youth | | | | | | | | | | | | | | | | | |
| Provide brief description of protection concerns | | | | | | | | | | | | | | | | | |
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| Part 2 Matters relating to the VYSA termination, if applicable | | | | | | | | | | | | | | | | | |
| Provide brief description of the reasoning behind the proposed termination (including party issuing the termination, reason for termination) | | | | | | | | | | | | | | | | | |
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| |  | | --- | | Section IV Optional Information | | Please provide any other information that the society believes may be material to the OCL’s intake process.  *(for example: youth’s special needs, any issues that may impact a youth’s ability to communicate, any language barriers, criminal matters, immigration issues)* | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | | | | |
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| Section V Signature of Worker | | | | | |
| Last Name | First Name | | | | |
| Position | | | | | Telephone Number *(inc. area code)*  (     )       ext. |
|  | |  |  |  | |
| Signature | |  |  | Date *(yyyy/mm/dd)* | |
|  | | | | | |