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| ONTARIO | Ministry of Childrenand Youth Services |  Notice: Notification to the Officeof 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 LawyerMinistry of the Attorney General393 University Avenue, 14th FloorToronto ON M5G 1W9Tel: 416 314-8000Fax: 416 314-8050Attn.: Katherine Kavassalis, Legal Director, Personal RightsTel: (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)*(    )      |
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|  Email Address      | Preferred method of contact       |

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| 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)*(    )      |
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|  Email Address      | Preferred method of contact       |

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| 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)*(    )      |
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|  Email Address      | Preferred method of contact      |

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| Is the youth agreeable to this individual being contacted?[ ]  Yes [ ]  No \*Additional information can be included in Section IV Optional Information

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| **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)*(    )      |
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|  Email Address      | Preferred method of contact       |

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| Is the youth agreeable to the representative being contacted?[ ]  Yes [ ]  No \*Additional information can be included in Section IV Optional Information |

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| Section III CAS is Proposing: (check all that apply) |
| Referral proposed:

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| * [ ]  **A youth is in need of protection and the society is proposing one of the following:**
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| [ ]  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**
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| 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)* |
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