

Civil Legal Assistance for Child Victims of the Opioid Crisis

REFERRAL FORM

Verify that your patient's parent, guardian, or other authorized representative would like a referral. Fax the completed referral form to Joe Warden at (937) 535-4600. If you would like to consult with the MLPC regarding a patient, contact Joe Warden directly at (937) 535-4414 or jwarden@ablelaw.org. For any emergency, refer the patient directly to Legal Aid Line at (888) 534-1432 or www.legalaidline.org.

FOR THE REFERRING AGENCY/PROVIDER TO COMPLETE

Child Name: _____ Child DOB: _____

Parent/Guardian/Other Authorized Legal Representative: _____

Address: _____

Phone Number: _____

Is it safe to leave a message at this number? Yes No

If no, please identify a safe method of contact: _____

Name of Person Making Referral: _____

Agency/Provider: _____

Phone: _____

Email: _____

Do you believe this child is a victim of crime as a result of the opioid crisis? (The crime does not need to have been reported to the police. There does not need to be a formal determination that a crime has been committed.) Yes No

If yes, please indicate which type(s) of victimization this child has experienced:

- | | |
|--|--|
| <input type="checkbox"/> Bullying (verbal, cyber, or physical) | <input type="checkbox"/> Hate crime |
| <input type="checkbox"/> Child physical abuse or neglect (including exposure to substance abuse) | <input type="checkbox"/> Human trafficking |
| <input type="checkbox"/> Child pornography | <input type="checkbox"/> Kidnapping |
| <input type="checkbox"/> Child sexual abuse/assault | <input type="checkbox"/> Survivor of homicide victim |
| <input type="checkbox"/> Domestic and/or family violence | <input type="checkbox"/> Teen dating victimization |
| <input type="checkbox"/> DUI/DWI incidents | <input type="checkbox"/> Gang violence |
| <input type="checkbox"/> Other (explain): _____ | |

REFERRAL FORM

**FOR THE PATIENT'S PARENT OR GUARDIAN (OR PATIENT IF OVER 18)
TO REVIEW AND COMPLETE**

PLEASE READ: With your permission, we will give this completed form to the Medical-Legal Partnership for Children (MLPC) at Advocates for Basic Legal Equality, Inc. (ABLE). MLPC staff will review your form. Free legal help is available to children who are victims of crime as a result of the opioid crisis. An Intake Specialist from the Legal Aid Line at Legal Aid of Western Ohio, Inc. (LAWO) may call you to complete an application for free legal help. The call will come from a blocked or private number.

Completing this form does not guarantee that you will receive a call or that the MLPC will be able to help you. If the MLPC is able to help you, the help may be in the form of legal advice by phone, helping you fill out paperwork, or representing you.

Do you need help with any of the following?

- Civil Protection Order (CPO) or Civil Stalking or Sexually Oriented Offense Protection Order (CSPO)
- Custody or visitation
- Grandparent Power of Attorney or Caretaker Authorization Affidavit
- Public benefits (child care, Medicaid, OWF, SNAP, SSDI/SSI)
- School issues (enrollment, discipline, 504 plan, IEP/special education)
- Other (briefly describe) _____

By signing below, I acknowledge and agree to this referral.

Signature of parent/guardian/authorized representative
(or provider's indication that verbal consent has been obtained)

Date