

# The Medical-Legal Partnership for Children | Miami Valley

WORKING TOGETHER FOR CHILDREN'S HEALTH

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## REFERRAL FORM

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*If you would like to consult with the MLPC regarding a patient, contact Joseph Warden directly at (937) 535-4414 or [jwarden@ablelaw.org](mailto:jwarden@ablelaw.org).*

*For any emergency, refer the patient directly to Legal Aid Line at (888) 534-1432 or online at [www.legalaidline.org](http://www.legalaidline.org).*

### REFERRAL INSTRUCTIONS

Verify that the parent/guardian/other authorized legal representative would like a referral to the MLPC. Complete the contact information and reason for referral below and fax to Joseph Warden at (937) 535-4600. Once referred, an intake worker will contact the parent or guardian within a week of receipt and then transfer the case to the MLPC. If medical records are required at any point during the case, the MLPC will obtain the necessary HIPAA-compliant authorization for disclosure of health information prior to the release of any such protected information or records.

Parent/Guardian/Other Authorized Legal Representative: \_\_\_\_\_

Child Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

May we contact the client at home by phone? Yes  No   
(If case involved domestic violence, please inquire about a safe number and messages.)

Is there another way to contact the client? \_\_\_\_\_

Provider making the referral: \_\_\_\_\_

Provider phone number or email: \_\_\_\_\_

You are referring this patient for legal assistance with:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Child Care       | <input type="checkbox"/> Protection Order                       | <input type="checkbox"/> Hunger and Nutrition           |
| <input type="checkbox"/> Disability       | <input type="checkbox"/> Child Support                          | <input type="checkbox"/> Employment/Unemployment Issues |
| <input type="checkbox"/> Immigration      | <input type="checkbox"/> Family Law: Custody                    | <input type="checkbox"/> Housing: Conditions/Utilities  |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Family Law: Divorce                    | <input type="checkbox"/> Housing: Eviction              |
| <input type="checkbox"/> Education        | <input type="checkbox"/> Public Benefits: OWF/Food Stamps, etc. |   |
| <input type="checkbox"/> Other: _____     |   |   |

By signing below, I acknowledge and agree to the referral made hereunder to the MLPC.

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Signature of Parent/Guardian/Other Authorized Legal Representative  
**OR Indicate that Verbal Consent Obtained**

Referral Date