

**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/Robyn Traywick 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](mailto:jwarden@ablelaw.org). or Attorney Robyn Traywick at (937) 535-4405 or [rtraywick@ablelaw.org](mailto:rtraywick@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:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Bullying (verbal, cyber, or physical) | |  | Hate crime |  |
|  |  |  |
|  |  | Child physical abuse or neglect (including exposure to substance abuse) | |  | Human trafficking |  |
|  |  |  |  |
|  |  | Child pornography | |  | Kidnapping |  |
|  |  |  |  |
|  |  | Child sexual abuse/assault | |  | Survivor of homicide victim |  |
|  |  |  |  |
|  |  | Domestic and/or family violence | |  | Teen dating victimization |  |
|  |  |  |  |
|  |  | DUI/DWI incidents | |  | Gang violence |  |
|  |  |  |  |
|  |  | Other (explain): | |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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THIS DOCUMENT IS NOT PART OF THE MEDICAL RECORD 01/28/20



**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 Partner-ship 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

* 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 Date

(or provider’s indication that verbal consent has been obtained)

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