LEGAL AID ONTARIO (LAO) REFERRAL FORM & RELEASE

Community Advocacy & Legal Centre

Please use this form to refer clients to the Community Advocacy & Legal Centre (CALC) for legal help.

PLEASE FAX COMPLETED FORMS TO CALC: 613-966-6251 or SCAN & EMAIL TO CALC@LAO.ON.CA.
For immediate legal assistance call CALC: 613-966-8686 or 1-877-966-8686

Date: LAO Staff Position:

Referred by (your name): Your contact phone number:
Your email:

CLIENT INFORMATION:

First name: **Last name:**

Address:

Phone number: Secondary phone number: Ok to leave msg: Yes ☐ No ☐

Brief description of the problem:

Special notes (requires interpreter; accommodation issues, best time to contact, etc):

REASON FOR REFERRAL:

Check any applicable box(es) below:

- ☐ **Housing** (tenant rights, evictions, arrears, maintenance and disrepair, etc.)
- ☐ **Income** (Ontario Works, ODSP, Canada Pension Plan, Old Age Security, etc.)
- ☐ **Employment** (Employment Insurance, employment standards, wrongful dismissal, harassment, etc.)
- ☐ **Worker's Compensation / WSIB** (benefits denied, benefits cut off, unsafe work, etc.)
- ☐ **Consumer** (collection agencies, energy contracts, bank garnishment, student loans, etc.)
- ☐ **Abuse / Violence** (Criminal Injuries Compensation, two-hour family law certificates, etc.)
- ☐ **Human Rights / Discrimination** (rentals, employment, public services, etc.)
- ☐ **Education** (special education, suspensions/expulsions, etc.)
- ☐ **Seniors** (Powers of Attorney, wills, long-term care, retirement homes, etc.)
- ☐ **Commissions or notarizing documents**
- ☐ **Other: (Specify)**

I, the client named above, authorize Legal Aid Ontario, to release my contact information to the Community Advocacy & Legal Centre (CALC). I understand CALC will make reasonable efforts to contact me in order to provide information and/or legal advice and/or referrals with respect to my legal issue, but that CALC is not yet retained in this matter, and is not responsible for any matters arising if I cannot be reached. I give CALC permission to advise Legal Aid Ontario if I cannot be reached. I understand that CALC is a non-profit community legal clinic providing free legal services to residents of Hastings, Prince Edward and Lennox & Addington counties living on a low income.

DATED at _____, this_____ day of _____, 20_____.

_____ _____

WITNESS CLIENT SIGNATURE