



About this Form

Use this Application form to ask for a review of your residential placement (a foster home, group home or treatment home).

You can file an Application if:

1. you are at least 12 years old
2. your placement has already been reviewed by a residential placement advisory committee (RPAC) and either:
 - a. you disagree with the RPAC's recommendation or
 - b. the RPAC's recommendation is not being followed.

This Application is made under section 66 of the [Child, Youth and Family Services Act, 2017](#).

Instructions

1. Complete all sections of the form.
2. Sign and date the form.
3. Deliver the form:

By Email:	CFSRB@ontario.ca
By Fax:	416-327-0558
By Mail/In Person:	Tribunals Ontario Child and Family Services Review Board 15 Grosvenor Street, Ground Floor Toronto, ON M7A 2G6

For more information, call 416-327-0111 or toll-free 1-888-777-3616.



1. Applicant Information

Last Name		First Name	
Date of Birth (yyyy/mm/dd)	Residential Placement Facility		
Address (Number and Street)			Suite/Unit/Apt.
City/Town		Province	Postal Code
Telephone	Fax	Email *	

2. Representative Information

Complete this section only if you are authorizing a lawyer or another representative to act for you. If you have a representative, the CFSRB will communicate with your representative. Review the [Practice Direction on Representation](#).

I authorize the named person and/or organization to represent me.

My representative is:

A lawyer Law Society # _____ A paralegal Law Society # _____

Other (Please describe. For example, mother, father, friend) _____

Last Name	First Name	Organization (if applicable)	
Address (Number and Street)			Suite/Unit/Apt.
City/Town		Province	Postal Code
Telephone	Fax	Email *	

* Providing your email address means you agree the CFSRB can email you instead of using mail or fax.

3. Applicant's Band, First Nations, Inuit or Métis Community (where applicable)

Name		Contact Name	
Address		City/Town	Province Postal Code
Telephone	Fax	Email	

4. Provincial Advocate for Children and Youth (PACY) and Office of the Children's Lawyer (OCL)

- a. Do you consent to the CFSRB contacting PACY? Yes No
- b. Do you consent to the CFSRB contacting the OCL? Yes No
- c. Have you already been in contact with PACY or the OCL? If so, provide information for the person you have been in contact with.

Last Name		First Name		
Address		City/Town	Province	Postal Code
Telephone	Fax	Email		

5. Respondent's Information

- Children's Aid Society
Name of Children's Aid Society

Address		
Telephone	Fax	Email

OR

- Parent or Legal Guardian

Last Name		First Name
Address		
Telephone	Fax	Email

6. Use the space below to explain why you want the CFSRB to review your residential placement. Be as specific as possible. Use additional pages if necessary.

7. Accessibility and Accommodation

Tell us if you need any of the following at the hearing:

- Interpreter No Yes
Language _____ Dialect _____
- Sign Language Interpreter No Yes
- Wheelchair Access No Yes
- Other (*Please specify*) _____

For more information on accessibility and accommodation, visit our [website](#).

8. Applicant Signature

Signature

Date (yyyy/mm/dd)

Please check this box if you are filing your Application electronically. This represents your signature. You must fill out the date above.

Notice Regarding the Collection of Personal Information

The Child and Family Services Review Board (CFSRB) collects the personal information requested on this form for the purpose of conducting a review under section 66 of the [Child, Youth and Family Services Act, 2017](#). It will be shared with the parties to the Application. Copies of all documents filed with the CFSRB which relate to the Application will also be shared with the parties to the Application.

The CFSRB posts a redacted version of its decisions on the website of the Canadian Legal Information Institute (www.canlii.org).