

Receipt of Dispute Resolution Process

Youth's Name: _____

DOB: _____

Initial

I have received a copy of the Defiance County or Williams County Family & Children First Council's Service Coordination Dispute Resolution Process. I understand my right to use the dispute resolution process.

The dispute resolution process is in addition to and does not replace other rights or procedures parents may have under other sections of the Ohio Revised Code.

Parent Signature and Date

Youth Signature and Date *(If 18 years or older)*

Facilitator Signature and Date