

ND REFERRAL FORM

CHILD IN NEED OF SERVICES (CHINS)

Instructions:

This document is intended to collect the information necessary for a Child in Need of Services (CHINS) referral for all non-law enforcement parties. For CHINS eligibility requirements, please review the CHINS eligibility and referral policy. Please provide as much information as available. For any information you do not possess, please note it.

Basic information:

Name Date of Birth Age Gender

Race

Referral Source:

Name Address

City State Zip Code

Phone Email

Describe reason for referral:

Location of youth:

Contact information:

Is the parent/guardian known?

If yes: Name Address

City State Zip Code

Phone: Email

Youth address if known

Address

City State Zip Code Phone

For truancy referrals:

How many days of school has the youth missed?

Have the parents/guardians been contacted? Date of last contact

What efforts has the school made to address truancy? Refer to NDCC 27-20.3-05. Attach required documentation.

Clear Form

Submit Form