

North Dakota 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

Gender

Date of Birth

Race

Age

Referral Source

Name

ZIP Code

Address

Phone

City

Email

State

Location of youth

Describe reason for referral

Contact Information

Is the parent or guardian known? No Yes

 If yes, name

Address

Zip Code

City

Phone

State

Email

Youth address if known

Address

ZIP Code

City

Phone

State

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.