

# 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.