

WRIGHT COUNTY HEALTH & HUMAN SERVICES AGENCY  
 1004 Commercial Drive, Buffalo, MN 55313-1736 Phone:(763)682-7400

2018-2019

3-Day Educational Neglect Referral (**under age 12**)

**Step #1**

<b>Student Info.</b>	<p><b>Child's Full Name:</b> <input type="text"/> <small>Click here to enter text.</small>      <b>School:</b>      <b>Grade:</b></p> <p><b>Date of Birth:</b>      <b>Sex:</b> <input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p><b>Race:</b> <input type="checkbox"/> Caucasian    <input type="checkbox"/> African American    <input type="checkbox"/> Asian    <input type="checkbox"/> Hispanic  <input type="checkbox"/> Native American (specify tribe):      <input type="checkbox"/> Other (specify):</p> <p>Does this individual read, speak, and understand English?    <input type="checkbox"/> Yes    <input type="checkbox"/> No                  If no, list language:</p>
<b>Custodial Parent</b>	<p><b>Parent/Guardian Name:</b></p> <p>Mailing Address:</p> <p>City:      State: MN Zip Code:</p> <p>County:      Phone #:</p> <p>Does child live with this parent/guardian?    <input type="checkbox"/> Yes    <input type="checkbox"/> No                  Does this individual read, speak, and understand English?    <input type="checkbox"/> Yes    <input type="checkbox"/> No                  If no, list language:</p>
<b>Non Custodial Parent</b>	<p><b>Parent/Guardian Name:</b>      <input type="checkbox"/> Same address as Custodial Parent</p> <p>Mailing Address:</p> <p>City:      State: MN Zip Code:</p> <p>County:      Phone #:</p> <p>Does child live with this parent/guardian?    <input type="checkbox"/> Yes    <input type="checkbox"/> No                  Does this individual read, speak, and understand English?    <input type="checkbox"/> Yes    <input type="checkbox"/> No                  If no, list language:</p>
<b>Needed Information</b>	<p><input type="checkbox"/> <b>This completed form</b>      <input type="checkbox"/> <b>A copy of your school's 3-day letter</b>  <input type="checkbox"/> <b>Current attendance record</b></p> <p><b>Send all of the above to:</b>                  Email: <a href="mailto:Robin.Dorf@co.wright.mn.us">Robin.Dorf@co.wright.mn.us</a>                  Fax: (763) 682-7701                  WCHHS - Youth Services Unit                  Attn: Robin Dorf, Truancy Case Aide</p> <p><b>Questions:</b> (763) 684-2339</p>