

Referral Form

For Homeless Families or Individuals

This referral form can be submitted to Karidat Social Services via fax at 234-9192 or email it to the Northern Marianas Housing Corporation (NMHC) Planning Division at nmhc.planningdiv@gmail.com.

Date:			
Name of Homeless Individual or Head of Household(if applicable):			
Number of People in the household (if applicable):			
Location (e.g. street, village, etc.):			
Please provide a sketch of the location:			
Reported By:			
Agency/Organization		Contact Number:	

(Note: Homeless definition –an individual or family who lacks a fixed regular, and adequate nighttime residence, meaning:
 An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping grounds.