**MISSING CHILD DEBRIEFING \*\*\* CONFIDENTIAL \*\*\* ALL RESPONSES ARE VOLUNTARY**

PLEASE COMPLETE THIS FORM FACE TO FACE ***WITH*** THE YOUTH WITHIN

24 HOURS OF THE YOUTH BEING RECOVERED

*(If the youth is placed out of circuit, you may conduct the debriefing over the phone and request Courtesy Case Management to see the child within 3 days)*

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| --- | --- | --- | --- |
| Youth Name:  | Race: | Sex: | Date of Birth: |
| Placement at time of run: |
| Nickname: |
| Social Media (include profile names): |
| Do you have a cell phone? [ ] Yes [ ] No  | If yes, what is the number? | Who pays for the cell phone?  |
| Names of Friends/Relatives in the area: |
| Can you tell us why you left your placement? |
| What can we do to help improve the situation so that you don’t feel like you need to leave in the future? |
| Were you encouraged to leave? [ ] Yes [ ] No    | If yes, by whom? |
| Where were you staying after you left? | Could this be a placement for you? [ ] Yes [ ] No |
| Did you leave with another youth or an adult?  [ ] Yes [ ] No | If yes, with whom? |
| After you left, did anyone help you obtain food, clothing, shelter, etc.?  [ ] Yes [ ] No | If yes, who? |
| Did you used any drugs/alcohol while you were gone?  [ ] Yes [ ] No  | If yes, what drugs/alcohol? |
| Are you willing to accept treatment?  [ ] Yes [ ] No    | If not, can you explain why? |
| Were you in any physical altercations while you were gone?  [ ] Yes [ ] No  | If yes, please explain:  |
| Did you commit any crimes while you were gone?  [ ] Yes [ ] No | If yes, please explain: |
| Have you been sexually active?  [ ] Yes [ ] No | Do you believe you may have a sexually transmitted disease? [ ] Yes [ ] No [ ] N/A |
| Do you suspect that you are pregnant? [ ] Yes [ ] No [ ] N/A | If yes, how far along do you believe you are? | Are you willing to seek a Doctor’s Appointment? [ ] Yes [ ] No |
| Were you abused/neglected while you were gone?[ ] Yes [ ] No | If yes, please explain: |
| Do you belong to a gang? [ ] Yes [ ] No | If yes, which gang? |
| Are you presently registered in school?  [ ] Yes [ ] No | If no, why are you not registered? | Did you attend school after you ran away?[ ] Yes [ ] No [ ] N/A |
| Do you have a job? [ ] Yes [ ] No  | If yes, where?  |
| Are you willing to seek individual counseling?   [ ] Yes [ ] No  | What would make you feel better about your placement? |
| Additional Comments: |
| **FOR CASE MANAGEMENT** |
| Has the youth’s appearance changed?  [ ] Yes [ ] No  | If yes, please describe how: |
| Does the youth have any tattoos?  [ ] Yes [ ] No  | If yes, please describe them: |
| Does the youth have any marks or branding?  [ ] Yes [ ] No  | If yes, please describe them: |
| Was a new photo taken of the youth? (required if the youth’s appearance has changed) [ ] Yes [ ] No   | Was the photo uploaded into FSFN? [ ] Yes [ ] No  | What date was the photo uploaded into FSFN?  [ ] Yes [ ] No  |
| Child’s Signature Date  | Case Management Representative Date |
| Case Management Supervisor Date |

QUESTIONS OR CONCERNS? CALL HOLLY IVES AT 772-418-1119

**ONCE THIS FORM HAS BEEN COMPLETED AND SIGNED BY ALL PARTIES**

**ENTER A NOTE INTO FSFN UNDER NOTE TYPE: MISSING CHILD – DEBRIEFING THAT SUMMARIZES THIS DEBRIEFING FORM AND ATTACH THIS FORM TO THE NOTE**