**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)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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**