Missing Child Recovery Debriefing Form

Please complete and enter data into FSFN and submit form to: \_C13\_MissingChildren@eckerd.org

Interview completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updated Photo/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Fingerprints/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Youth Name:Alias or Nickname: | Youth DOB: |
| Case Manager: | Supervisor: |
| CM Phone #: | CM Agency: |
| Date Missing: | Missing From: |
| Date of Recovery: | Location of Recovery: |
| Date of Interview :**(if not w/in 24 hours, why?):** | Number of Runaway episodes: |
| Police Dept: | Assigned Officer: |
| Last School Attended: | Grade level:School Performance:  |
| Circumstances leading to Youth’s Recovery (people, places, arrests, etc…):Police report # from Recovery: |
| Does the youth have or have they had any DJJ involvement? Does the youth have any active warrants or pick up orders? Assigned JPO if applicable: |
| Does the youth have any previous or current substance abuse issues? Prior treatment or evaluation? Where?Has there ever been a Marchman Act filed for treatment?  |
| Is this youth a possible victim of commercial sexual exploitation/human trafficking? If so, has an abuse report been made to hotline? (\*\*try to get age and information on older ‘boyfriend’ if applicable\*\*)Report #/Date: Operator: |
| Does the youth have any mental health issues? Current Diagnosis/Date? Medications? Has the youth ever been Baker Acted? |
| Does the youth have any medical or dental issues that require on-going or immediate treatment? Medications? Is Medicaid currently active?  |
| Has the youth’s physical appearance changed during R/A episode?If so, please take new photo of youth.  |
| Additional Comments/Observations by CM or Person Interviewing:  |

**Questions for the youth:**

1. What caused you to run? What could have been done to change that?
2. Where did you go when you ran away?
3. Did you run away with anyone else or by yourself?
4. Who are your friends or relatives in the area?
5. Do you have a boyfriend or girlfriend currently? Tell me about him or her.
6. Who are the people you can trust?
7. Where do you want to live? If that is not possible, where is your second choice?

a. Name a. Name

b. Address: b. Address:

c. Contact Number: c. Contact Number

d. Relationship: d. Relationship

1. If you cannot live where you want, describe where you DO NOT want to live and why?
2. What did you do while you were gone (people you met, places you went, etc.)? Did you get any tattoos while on the run?
3. Did anything happen to you while you were gone that would need to be seen by a doctor? And if so, would you like to go now? **\*\*Females\*\*** Any possibility you could be pregnant?
4. Did anyone hurt you (physically, sexually, emotionally) while you were gone?
5. Did anyone ask you to do something that made you uncomfortable or that you did not want to do?
6. Did anyone ask you to do or participate in any illegal activities? If so, were you ever questioned by police?
7. Do you consider yourself to be a member of any gang? If so, which gang?
8. How did you make it on your own (who helped you, where did you stay, how did you eat)?
9. When was the last time you wanted to run away but you didn’t? What was different about this time?
10. If you could change anything about your life, what would you change?
11. What are three of your goals, dreams or wishes?

 1.

 2.

 3.

1. Do you understand why Eckerd Community Alternatives is involved in your life right now?
2. What else can you tell me that you think would help you and other children who have runaway?
3. Do you have any other concerns that you would like talk about?

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Youth Signature Date

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Interviewer Signature Date