|  |  |
| --- | --- |
| Child Name: | Child DOB: |
| Case Manager: | Supervisor: |
| Date Missing: | Missing From: |
| Date of Recovery: | Address of Recovery: |
| Date of Interview (must be within 24 hours): | If not within 24 hours, why? |

When the child is recovered:

* Immediately obtain a photo or note in FSFN that the child’s appearance has not changed
* Complete within 24 hours of Recovery:

[ ] Missing Child Report

[ ] Debriefing

[ ] Recovery documentation

* Document in FSFN contact with each person notified of the child’s run episode to inform of the recovery. (FSFN Notes must state person’s full name and method of communication for example; phone number, address, and/or email, and relationship to child)

Child’s parent or legal guardian [ ]  Yes [ ]  Not Applicable

Child’s relative or foster parent [ ]  Yes [ ]  Not Applicable

Child’s GAL [ ]  Yes [ ]  Not Applicable

Attorney and/or Attorney Ad Litem [ ]  Yes [ ]  Not Applicable

Probation Officer [ ]  Yes [ ]  Not Applicable

Therapist [ ]  Yes [ ]  Not Applicable

If child reports engaging in sexual activity:

[ ] Obtain exam by a doctor within 24 hours

If child reports being forced to engage in sexual activity:

 [ ] Report assault to the appropriate law enforcement agency

 [ ] Complete Incident Report

***SECTION 1***

**To be completed with youth and interviewer**

1. Briefly describe what happened the day you went missing/case management didn’t know where you were:

2. Tell me how you left.

[ ]  Walked/ran [ ]  On a bus [ ]  With someone I have not met before

[ ]  With someone I have met/Who was it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other

3. Where did you go? Were you on the streets? With friends/family?

4. While you were missing did you get sick or injured? Do you feel like you need to see a doctor?

5. While you were missing did you have sex? Were you forced or coerced to do so? (if child was forced/coerced into these activities screen with HTST)

 (For females: Do you think you may be pregnant?)

6. Did you use any drugs or drink alcohol?

7. Are you involved with any gangs or have you been approached about joining a gang?

8. Are you in need of further services and/or change of placement?

9. Where do you want to live? If that is not possible, what is your second choice?

* + Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Address/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Address/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SECTION 2***

**To be completed with youth and interviewer**

**(skip if youth recovered within 1 day or less)**

1. Tell me about where you stayed while you were gone.

 A. Were you in a [ ]  House [ ]  Trailer/ Mobile Home [ ]  Apartment [ ]  Other:

 B. Where did you sleep? (Check all that apply):

[ ]  Bed [ ]  Couch [ ]  Floor [ ]  Closet [ ]  Indoor [ ]  Outdoor [ ]  With blankets/sheets

[ ]  Without blankets/ sheets

 C. Were you able to? (Check all that apply):

[ ]  Take a shower [ ]  Brush your teeth [ ]  Comb your hair [ ]  Change your clothes

[ ]  Use a phone

 D. Was there electricity where you were? [ ]  Yes [ ]  No Water? [ ]  Yes [ ]  No

 E. What did you eat?

 F. Did you have any money? If so, how did you get money/ how did someone give you money?

2. Is there anything I can do for you right now to make you feel safe or improve the situation so you won’t leave again?

3. Is there any other information you would like to add?

4. For youth who had her/his child with them while missing:

1. How did you meet your child’s needs for food, diapers, milk, etc. while you were gone?
2. Who watched your child when you needed a break?
3. Does your child need medical care?

***SECTION 3***

**To be completed by youth**

Check any of the following that best describes the reason you left:

* I feel like I have no control of my life.
* My wants, needs, opinions are not considered.
* I lost contact or don’t have enough contact with family and friends.
* I did not feel comfortable where I was living (check all that apply)
	+ Caretaker yells, lies, argues with me, doesn’t listen to me, has a bad attitude
	+ Caretaker criticizes me.
	+ Caretaker spends no time with me.
	+ Caretaker does not care about my feelings.
	+ Caretaker doesn’t know anything or knows very little about teenagers.
	+ Rules are too strict
	+ It is boring because there is nothing for me to do
	+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Because my friends and/or others in the home were running.
* I am not allowed to go out with my friends, on a date, to a party, movies, shopping, etc.
* I was upset with my family, caregiver, and/or friends
* I was being bullied
* I wanted to escape (who or what?)
* Too many court restrictions
* This is what I always do (run away)
* Other reasons I left: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SIGNATURES***

Print Youth’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_

Print Interviewer’s Name:

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_

Print Supervisor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: