## Missing from Care Reporting Form

(Runaway and Missing Youth Report)

This form is to be utilized when reporting missing and runaway youth

<b>Date Completed:</b> Form Completed Date. <b>Time Completed:</b> Form Completion time.		<b>Person completing form / title:</b> Click or tap here to enter text.	
<b>Reporter's Name/title/role:</b> Click or tap here to enter text.		<b>Contact Phone </b> <i>or email</i> : Click or tap here to enter text.	
Date of Run: Click or tap to enter a date.		Time of Run: Click or tap here to enter text.	
Youth's Name: Click or tap here to enter text.		<b>Preferred Name/Aliases:</b> Click or tap here to enter text.	
Date of Birth: Click or tap here to enter text.		<b>Sex (assigned):</b> Click or tap to enter sex assigned at birth and/or verified in FACTS.	
<b>Gender Identity (self-identified):</b> Enter Youth's Self-Identified Gender		Racial Identity: Enter Self-Identified Race	
<b>FACTS ID:</b> Click or tap here to enter text.		<b>DHHR Worker:</b> Click or tap here to enter text.	
Home County: Choose an item.		Placement Provider: Click or tap here to enter text.	
<b>Last Known Whereabo</b> to enter text.	uts (not facility name. E	Be specific le: XYZ ga	s station.): Click or tap here
	eristics (including eye co de what youth was last		ht, and weight, scars, and ng (include footwear):
oublic. Behavior meeting c	to the youth and describe met it must increase child' riteria must be beyond wh a significant risk to life or h	's risk of injury or dang nat is normal for a you nealth if one or more d	ger to youth, others, or the
Use Disorder		Suicidal	
☐ Medical Condition Requiring Medication	<ul><li>☐ Atypical Sexual</li><li>Behaviors</li></ul>	☐ Pregnant	☐ Violent
☐ Age 13 or under	☐ Intellectual or Developmental Disability	Trafficking Status:	<ul><li>☐ History of Trafficking</li><li>☐ Suspected/At-Risk of Trafficking</li></ul>
☐ Situational Endangern	nent Condition which may	y Indicate Youth is at S	Significant Risk of Harm
Describe details of condition	ons selected:		

Bureau for Children and Families December 28, 2021

<sup>&</sup>lt;sup>1</sup> Missing youth must immediately be reported to the National Center for Missing and Exploited Children (NCMEC) @ 1-800-THE-LOST or 1-800-843-5678.

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## Referral Narrative

Please describe the run event including, run companions, possible destinations, and any information which may have led to the run or otherwise help to locate the youth. If youth is believed or suspected to have gotten into or have use of a vehicle, please include a description of the vehicle / plate number if known.

Did the Youth Have any Companions when Fleeing? $\square$ Yes $\square$ No			
Name of Law Enforcement Agency Notified? E.g., Cabell County Sherriff's Office.			
Was the Youth's Information Requested to be Entered into the National Crime Information Center (NCIC)? ☐ Yes ☐ No ☐ Unknown (Only use if law enforcement did not advise)			
Name of Assigned Officer: Click or tap here to enter text.			
Case Number Generated from Missing Persons Case (NCIC ID): Click or tap here to enter text.			
Was National Center for Missing and Exploited Children Notified? ☐ Yes ☐ No			
☐ Unknown (Only use if law enforcement did not advise)			

## As of 10/15/21, Completed form is to be emailed to:

- 1. The youth's assigned child welfare worker per FACTS,
- 2. The child welfare worker's supervisor
- 3. All Child Locators (Rachel Deem, Mary "Mandy" Muth)
- 4. Runaway Social Worker (Spence CWC PeaceMaker)
- 5. Immediate supervisor of Runaway Social Worker (Adam Gandee)
- 6. At least one CI Supervisor on duty (If Adam is on duty, additional CI supervisor is not required)
- 7. Social Services Supervisor of Centralized Intake Unit (Justin Ash)
- 8. The District Community Services Manager (CSM)
- 9. Director of Field Operations (Lorie Bragg)