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| DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)**Returning Child De-Briefing** |
| NAME OF CHILD | PERSON I.D. |
| INTERVIEWER  |
| DATES MISSINGFROM:  TO:  | DATE OF DE-BRIEFING | **[ ]**  Youth refused to participate |
| **This interview may be conducted by the child’s caseworker or CA MFC Locator. A CSEC screen (DSHS 15-476) must be completed on youth returning from the run (see policy 1160).** |
| 1. What do you need right now to feel safe?

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| 1. Who should we contact to let them know you are safe?

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| **I would like to ask you a few questions about leaving your placement:** |
| 1. What made you decide to leave? Check all that apply.

**[ ]**  To be with friends **[ ]**  To get away from caregiver**[ ]**  To see parents **[ ]**  Conflict with program**[ ]**  To live with parents / other family **[ ]**  Did not mean to run – just got mad and left**[ ]**  To see other family members **[ ]**  School problems**[ ]**  To see girlfriend / boyfriend / partner **[ ]**  To get high / To drink**[ ]**  Not feeling safe in placement **[ ]**  To have some excitement**[ ]**  Other: Comments: |
| 1. Where did you stay when you were gone? Check all that apply.

**[ ]**  Friend’s **[ ]**  Other youth’s**[ ]**  Streets **[ ]**  Stranger’s**[ ]**  Shelter / Hostel **[ ]**  Another adult’s**[ ]**  Parent’s **[ ]**  Girlfriend’s / Boyfriend’s / Partner’s**[ ]**  Other family member’s [ ]  Past caregiver’s**[ ]**  Other: Comments: |
| 1. What activities did you engage in while on the run? Check all that apply.

**[ ]**  Did drugs / Drank alcohol **[ ]**  Left the state to see family / friend**[ ]**  Hung out on the streets **[ ]**  Engaged in sexual activities**[ ]**  Saw my parents **[ ]**  Saw my girlfriend / boyfriend / partner**[ ]**  Involved in crimes (theft, etc.) [ ]  Saw other family**[ ]**  Other: Comments: |
| 1. Were you the victim of a crime? Check all that apply.

[ ]  No [ ]  Physically assaulted[ ]  Sexually assaulted [ ]  Robbed by someone with a weapon [ ]  Belongings stolen [ ]  Forced to do something you didn’t want to do**[ ]**  Other: Comments: |
| 1. How did you get food and/or money while on the run? Check all that apply.

[ ]  Friends [ ]  Steal / Shoplift[ ]  Girlfriend / Boyfriend / Partner [ ]  Sold drugs[ ]  Parents [ ]  Worked[ ]  Other Family [ ]  Sex for money, food, shelter**[ ]**  Other: Comments: |
| 1. Was there anything that your staff, caregiver, or caseworker could have done to make it easier for you to stay? Check all that apply.

[ ]  No [ ]  Listen to music[ ]  Talk to caseworker / staff [ ]  Do an activity[ ]  Alone time / Space [ ]  More visits from my caseworker[ ]  Help me feel more accepted and wanted **[ ]**  Other: Comments: |
| 1. Could anything have stopped you from leaving? Check all that apply.

[ ]  No [ ]  Sibling visit[ ]  Talk with me [ ]  Alone time / Space[ ]  Parent visit**[ ]**  Other: Comments: |
| 1. Did you have a plan about how to take care of yourself and did it work out? Check all that apply.

[ ]  Yes, I had a plan and it worked out[ ]  Yes, I had a plan and it did not work out[ ]  No**[ ]**  Other: Comments: |
| 1. What did you hope would happen when you left? Check all that apply.

[ ]  Visit family [ ]  Change in placement[ ]  Visit friends [ ]  Nothing[ ]  Use drugs / Drink alcohol [ ]  Not be in foster care anymore**[ ]**  Other: Comments: |
| 1. How is your health?

[ ]  Good [ ]  Fair [ ]  Need AssistanceComments: |
| 1. Have you eaten lately?

[ ]  Yes [ ]  NoComments: |
| 1. Were you involved in anything that put you at risk?

[ ]  Yes [ ]  No Comments: |
| 1. Were you harmed in any way?

[ ]  Yes [ ]  No Comments: |
| 1. What made you decide to return? Check all that apply.

[ ]  Got picked up by law enforcement [ ]  Tired of running [ ]  Caseworker[ ]  Family [ ]  Needed assistance [ ]  Attorney[ ]  Friends [ ]  MFC locator [ ]  CASA / GAL / VGAL**[ ]**  Other: Comments: |
| **Now I would like to ask you some questions about what might be helpful at this time:** |
| 1. How can I help you or what would help you stay? Check all that apply.

[ ]  Change in placement [ ]  Sibling visits[ ]  Listen to me [ ]  More time with caseworker / staff[ ]  Listen to music [ ]  Family reunification[ ]  Family visits**[ ]**  Other: Comments: |
| 1. Do you need any services, supports, or medical care? Check all that apply.

[ ]  No [ ]  AA / NA[ ]  Independent Living Skills [ ]  Behavioral Health / Counseling[ ]  Physician [ ]  Planned Parenthood[ ]  Dentist [ ]  Legal assistance[ ]  Vision [ ]  Education / GED[ ]  Drug / Alcohol treatment**[ ]**  Other: Comments: |
| 1. How involved did you feel in your life planning when you left?

[ ]  Not at all [ ]  Low [ ]  Medium [ ]  HighComments: |
| 1. What do you want to see happen in your life in the next three (3) months? Check all that apply.

[ ]  Placed with family [ ]  Employed[ ]  Return home [ ]  Attend school[ ]  Out of the system [ ]  Sober[ ]  Out of detention [ ]  Plan for adulthood[ ]  Graduate HS / GED [ ]  Less restrictive placement**[ ]**  Other: Comments: |