



### Returning Child De-Briefing

NAME OF CHILD	PERSON I.D.
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INTERVIEWER
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DATES MISSING FROM:                      TO:	DATE OF DE-BRIEFING	<input type="checkbox"/> Youth refused to participate
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**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?

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

**I would like to ask you a few questions about leaving your placement:**

3. What made you decide to leave? Check all that apply.

<input type="checkbox"/> To be with friends	<input type="checkbox"/> To get away from caregiver
<input type="checkbox"/> To see parents	<input type="checkbox"/> Conflict with program
<input type="checkbox"/> To live with parents / other family	<input type="checkbox"/> Did not mean to run – just got mad and left
<input type="checkbox"/> To see other family members	<input type="checkbox"/> School problems
<input type="checkbox"/> To see girlfriend / boyfriend / partner	<input type="checkbox"/> To get high / To drink
<input type="checkbox"/> Not feeling safe in placement	<input type="checkbox"/> To have some excitement
<input type="checkbox"/> Other:	

Comments:

4. Where did you stay when you were gone? Check all that apply.

<input type="checkbox"/> Friend’s	<input type="checkbox"/> Other youth’s
<input type="checkbox"/> Streets	<input type="checkbox"/> Stranger’s
<input type="checkbox"/> Shelter / Hostel	<input type="checkbox"/> Another adult’s
<input type="checkbox"/> Parent’s	<input type="checkbox"/> Girlfriend’s / Boyfriend’s / Partner’s
<input type="checkbox"/> Other family member’s	<input type="checkbox"/> Past caregiver’s
<input type="checkbox"/> Other:	

Comments:

5. What activities did you engage in while on the run? Check all that apply.

<input type="checkbox"/> Did drugs / Drank alcohol	<input type="checkbox"/> Left the state to see family / friend
<input type="checkbox"/> Hung out on the streets	<input type="checkbox"/> Engaged in sexual activities
<input type="checkbox"/> Saw my parents	<input type="checkbox"/> Saw my girlfriend / boyfriend / partner
<input type="checkbox"/> Involved in crimes (theft, etc.)	<input type="checkbox"/> Saw other family
<input type="checkbox"/> Other:	

Comments:

6. Were you the victim of a crime? Check all that apply.

<input type="checkbox"/> No	<input type="checkbox"/> Physically assaulted
<input type="checkbox"/> Sexually assaulted	<input type="checkbox"/> Robbed by someone with a weapon
<input type="checkbox"/> Belongings stolen	<input type="checkbox"/> Forced to do something you didn’t want to do
<input type="checkbox"/> Other:	

Comments:

<p>7. How did you get food and/or money while on the run? Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Friends</td> <td><input type="checkbox"/> Steal / Shoplift</td> </tr> <tr> <td><input type="checkbox"/> Girlfriend / Boyfriend / Partner</td> <td><input type="checkbox"/> Sold drugs</td> </tr> <tr> <td><input type="checkbox"/> Parents</td> <td><input type="checkbox"/> Worked</td> </tr> <tr> <td><input type="checkbox"/> Other Family</td> <td><input type="checkbox"/> Sex for money, food, shelter</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table> <p>Comments:</p>	<input type="checkbox"/> Friends	<input type="checkbox"/> Steal / Shoplift	<input type="checkbox"/> Girlfriend / Boyfriend / Partner	<input type="checkbox"/> Sold drugs	<input type="checkbox"/> Parents	<input type="checkbox"/> Worked	<input type="checkbox"/> Other Family	<input type="checkbox"/> Sex for money, food, shelter	<input type="checkbox"/> Other:	
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<input type="checkbox"/> Other:										
<p>8. Was there anything that your staff, caregiver, or caseworker could have done to make it easier for you to stay? Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Listen to music</td> </tr> <tr> <td><input type="checkbox"/> Talk to caseworker / staff</td> <td><input type="checkbox"/> Do an activity</td> </tr> <tr> <td><input type="checkbox"/> Alone time / Space</td> <td><input type="checkbox"/> More visits from my caseworker</td> </tr> <tr> <td><input type="checkbox"/> Help me feel more accepted and wanted</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table> <p>Comments:</p>	<input type="checkbox"/> No	<input type="checkbox"/> Listen to music	<input type="checkbox"/> Talk to caseworker / staff	<input type="checkbox"/> Do an activity	<input type="checkbox"/> Alone time / Space	<input type="checkbox"/> More visits from my caseworker	<input type="checkbox"/> Help me feel more accepted and wanted		<input type="checkbox"/> Other:	
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<p>9. Could anything have stopped you from leaving? Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Sibling visit</td> </tr> <tr> <td><input type="checkbox"/> Talk with me</td> <td><input type="checkbox"/> Alone time / Space</td> </tr> <tr> <td><input type="checkbox"/> Parent visit</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table> <p>Comments:</p>	<input type="checkbox"/> No	<input type="checkbox"/> Sibling visit	<input type="checkbox"/> Talk with me	<input type="checkbox"/> Alone time / Space	<input type="checkbox"/> Parent visit		<input type="checkbox"/> Other:			
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<input type="checkbox"/> Other:										
<p>10. Did you have a plan about how to take care of yourself and did it work out? Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Yes, I had a plan and it worked out</td> </tr> <tr> <td><input type="checkbox"/> Yes, I had a plan and it did not work out</td> </tr> <tr> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> </tr> </table> <p>Comments:</p>	<input type="checkbox"/> Yes, I had a plan and it worked out	<input type="checkbox"/> Yes, I had a plan and it did not work out	<input type="checkbox"/> No	<input type="checkbox"/> Other:						
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<input type="checkbox"/> Other:										
<p>11. What did you hope would happen when you left? Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Visit family</td> <td><input type="checkbox"/> Change in placement</td> </tr> <tr> <td><input type="checkbox"/> Visit friends</td> <td><input type="checkbox"/> Nothing</td> </tr> <tr> <td><input type="checkbox"/> Use drugs / Drink alcohol</td> <td><input type="checkbox"/> Not be in foster care anymore</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table> <p>Comments:</p>	<input type="checkbox"/> Visit family	<input type="checkbox"/> Change in placement	<input type="checkbox"/> Visit friends	<input type="checkbox"/> Nothing	<input type="checkbox"/> Use drugs / Drink alcohol	<input type="checkbox"/> Not be in foster care anymore	<input type="checkbox"/> Other:			
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<input type="checkbox"/> Other:										
<p>12. How is your health?</p> <p><input type="checkbox"/> Good   <input type="checkbox"/> Fair   <input type="checkbox"/> Need Assistance</p> <p>Comments:</p>										
<p>13. Have you eaten lately?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Comments:</p>										
<p>14. Were you involved in anything that put you at risk?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Comments:</p>										

15. Were you harmed in any way?

- Yes     No

Comments:

16. What made you decide to return? Check all that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Got picked up by law enforcement | <input type="checkbox"/> Tired of running  | <input type="checkbox"/> Caseworker        |
| <input type="checkbox"/> Family                           | <input type="checkbox"/> Needed assistance | <input type="checkbox"/> Attorney          |
| <input type="checkbox"/> Friends                          | <input type="checkbox"/> MFC locator       | <input type="checkbox"/> CASA / GAL / VGAL |
| <input type="checkbox"/> Other:                           |  |  |

Comments:

**Now I would like to ask you some questions about what might be helpful at this time:**

17. How can I help you or what would help you stay? Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Change in placement | <input type="checkbox"/> Sibling visits                    |
| <input type="checkbox"/> Listen to me        | <input type="checkbox"/> More time with caseworker / staff |
| <input type="checkbox"/> Listen to music     | <input type="checkbox"/> Family reunification              |
| <input type="checkbox"/> Family visits       |  |
| <input type="checkbox"/> Other:              |  |

Comments:

18. Do you need any services, supports, or medical care? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> No                        | <input type="checkbox"/> AA / NA                        |
| <input type="checkbox"/> Independent Living Skills | <input type="checkbox"/> Behavioral Health / Counseling |
| <input type="checkbox"/> Physician                 | <input type="checkbox"/> Planned Parenthood             |
| <input type="checkbox"/> Dentist                   | <input type="checkbox"/> Legal assistance               |
| <input type="checkbox"/> Vision                    | <input type="checkbox"/> Education / GED                |
| <input type="checkbox"/> Drug / Alcohol treatment  |   |
| <input type="checkbox"/> Other:                    |   |

Comments:

19. How involved did you feel in your life planning when you left?

- Not at all     Low     Medium     High

Comments:

20. What do you want to see happen in your life in the next three (3) months? Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Placed with family | <input type="checkbox"/> Employed                   |
| <input type="checkbox"/> Return home        | <input type="checkbox"/> Attend school              |
| <input type="checkbox"/> Out of the system  | <input type="checkbox"/> Sober                      |
| <input type="checkbox"/> Out of detention   | <input type="checkbox"/> Plan for adulthood         |
| <input type="checkbox"/> Graduate HS / GED  | <input type="checkbox"/> Less restrictive placement |
| <input type="checkbox"/> Other:             |   |

Comments: