# Returning Child De-Briefing

<table>
<thead>
<tr>
<th>NAME OF CHILD</th>
<th>PERSON I.D.</th>
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| INTERVIEWER | |
|-------------||

<table>
<thead>
<tr>
<th>DATES MISSING</th>
<th>DATE OF DE-BRIEFING</th>
<th>Youth refused to participate</th>
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<tbody>
<tr>
<td>FROM:</td>
<td>TO:</td>
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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.
   - [ ] To be with friends
   - [ ] To see parents
   - [ ] To live with parents / other family
   - [ ] To see other family members
   - [ ] To see girlfriend / boyfriend / partner
   - [ ] Not feeling safe in placement
   - [ ] Other: ____________
   - Comments: ____________

4. Where did you stay when you were gone? Check all that apply.
   - [ ] Friend’s
   - [ ] Streets
   - [ ] Shelter / Hostel
   - [ ] Parent’s
   - [ ] Other family member’s
   - [ ] Other: ____________
   - Comments: ____________

5. 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: ____________

6. Were you the victim of a crime? Check all that apply.
   - [ ] No
   - [ ] Sexually assaulted
   - [ ] Physically assaulted
   - [ ] Robbed by someone with a weapon
   - Comments: ____________
Belongings stolen
Other:
Comments:

<table>
<thead>
<tr>
<th>Belongings stolen</th>
<th>Forced to do something you didn’t want to do</th>
</tr>
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Other:
Comments:

7. How did you get food and/or money while on the run? Check all that apply.

- Friends
- Girlfriend / Boyfriend / Partner
- Parents
- Other Family
- Other:

Comments:

<table>
<thead>
<tr>
<th>Friends</th>
<th>Steal / Shoplift</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Girlfriend / Boyfriend / Partner</th>
<th>Sold drugs</th>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Parents</th>
<th>Worked</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Other Family</th>
<th>Sex for money, food, shelter</th>
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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.

- 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:

9. Could anything have stopped you from leaving? Check all that apply.

- No
- Sibling visit
- Talk with me
- Alone time / Space
- Parent visit
- Other:

Comments:

10. 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:

11. 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:

<table>
<thead>
<tr>
<th>Visit family</th>
<th>Change in placement</th>
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</table>

<table>
<thead>
<tr>
<th>Visit friends</th>
<th>Nothing</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Use drugs / Drink alcohol</th>
<th>Not be in foster care anymore</th>
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12. How is your health?

- Good
- Fair
- Need Assistance

Comments:

<table>
<thead>
<tr>
<th>Good</th>
<th>Fair</th>
<th>Need Assistance</th>
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|                           |                           |
|                           |                           |
13. Have you eaten lately?
- [ ] Yes  
- [ ] No  
Comments:

14. Were you involved in anything that put you at risk?
- [ ] Yes  
- [ ] No  
Comments:

15. Were you harmed in any way?
- [ ] Yes  
- [ ] No  
Comments:

16. 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:

17. How can I help you or what would help you stay? Check all that apply.
- [ ] Change in placement  
- [ ] Sibling visits  
- [ ] More time with caseworker / staff  
- [ ] Listen to me  
- [ ] Family reunification  
- [ ] Listen to music  
- [ ] Family visits  
- [ ] Other:  
Comments:

18. 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:

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.
- [ ] Placed with family  
- [ ] Employed  
Comments:
<table>
<thead>
<tr>
<th>Return home</th>
<th>Attend school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of the system</td>
<td>Sober</td>
</tr>
<tr>
<td>Out of detention</td>
<td>Plan for adulthood</td>
</tr>
<tr>
<td>Graduate HS / GED</td>
<td>Less restrictive placement</td>
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</table>

Other: [ ]

Comments: [ ]