DPHHS-CFS
New 09/2015

STATE OF MONTANA
Department of Public Health and Human Services
Child and Family Services Division

Referral To Report Missing Foster Youth to Centralized Intake

Name and Phone of Reporter: _____

INFORMATION ON MISSING FOSTER YOUTH

Youth Name (First, Middle, Last): _____

Nickname/Alias(s): _____

Gender: _____

Race: _____

Date of Birth: _____

Height/Weight: _____

Physical/Residence Address: _____

Youth Cell Phone Number and Email Address(es): _____

Date/Time Youth Went Missing: _____

Youth's Last Known Location (City, State): _____

School:

- Name: _____
- Address: _____
- Phone: _____
- Last Grade Attended: _____

Eye/Hair Color: _____

Description of Youth's' Clothing: _____

Scars/Marks/Tattoos/Piercings: _____

Medical Conditions and Medications: _____

Illegal Drug Use: _____

Do You Have a Current Photo: Yes ☐ No ☐

- If "Yes" Photo Date: _____

Method of Last Contact w/ Youth (Personal Contact/Phone/Online): _____

Does Youth Have Money or Access to Accounts (e.g. debit card)? _____

_____

_____

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Transportation: Yes ☐ No ☐ Unknown ☐ If "Yes", provide the following information on the vehicle:

- Person the Vehicle is Registered To: _____
- Make: _____
- Model: _____
- Color: _____
- Vehicle Plate Information: _____

Has the Child Ever Been a Victim of Sex Trafficking? Yes ☐ No ☐ If "Yes":

- Where: _____
- When: _____

Companion/Suspect /Abductor

Is this a Birth Parent Abduction: Yes ☐ No ☐ Unknown ☐

Name (First, Middle, Last): _____

Nickname/Alias(s): _____

Gender: _____

Race: _____

Date of Birth: _____

Height/Weight: _____

Physical/Residence Address: _____

Cell Phone Number and Email Address(es): _____

Eye/Hair Color: _____

Description of Person's Clothing: _____

Scars/Marks/Tattoos/Piercings: _____

List Any Direct Threats to the Youth: _____

CPS, FOSTER FAMILY AND BIRTH FAMILY INFORMATION

Name of CPS Assigned To the Case: _____

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- Phone: _____
- Email: _____

Name of CPSS:

- Phone: _____
- Email: _____

Foster Family or Facility Information

- Foster Parents or Facility Name: _____
- Physical Address: _____
- Phone: _____

Birth Parents' Locations and Contact Info (If Not Listed In Companion/Suspect/Abductor Section) :

- BFR Name: _____
- Address _____
- Phone _____
- BMR Name: _____
- Address _____
- Phone _____

OTHER POTENTIAL CONTACTS

Youth Employer:

- Employer Name: _____
- Address: _____
- Phone: _____

Youth Usernames on Social Media:

- Facebook _____
- Kik _____
- Snapchat _____
- Twitter _____
- Instagram _____
- Tumblr _____
- Google+ _____
- Vine _____
- Other(s) _____

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Boyfriend or Girlfriend's:

- Name _____
- Address _____
- Cell Number: _____

Name and Telephone Number of Last Person Residing With (If different than foster parent/group home): _____

Other Significant Addresses or Cell Numbers and Who They Are Associated With:

_____

_____

_____

Reminder: CI staff must add an ACTD note under the missing/runaway child stating the child was reported as missing or on runaway and identify the local law enforcement office that was notified.