MISSOURI DEPARTMENT OF SOCIAL SERVICES

CHILDREN’S DIVISION

**Missing Youth Notification**

|  |
| --- |
| **Complete & email to** **CD.MissingYouth@dss.mo.gov** **within 3 business days after a youth goes missing\*** |
| Case Manager Name      | Case Manager Phone      | Supervisor Name      | Supervisor Phone       | County of AC Jurisdiction      |
| Youth’s Name (Last, First, Middle)       | DCN      | DOB      | Date Missing      | Biologically Assigned Gender      | Identified Gender      |
| Law Enforcement Agency name and phone number      | Law Enforcement Report #      | Date Law Enforcement Contacted      | Name of Law Enforcement officer      |
| Date/Time NCMEC was contacted        | NCMEC confirmation #        | Picture provided to NCMEC Yes [ ]  No [ ]  If no, how will this be acquired       |
| Have the parents been contactedYes [ ]  No [ ]  | Has the GAL been contactedYes [ ]  No [ ]  | Has the JO been contactedYes [ ]  No [ ]  | Did Court issue a capias/“pick-up” orderYes [ ]  No [ ]  |
| Has the youth been missing before Yes [ ]  No [ ]  | # of times missing prior to this episode       | Known active substance use Yes [ ]  No [ ]  | Date of last in-person worker/youth contact      | Date of last visit between parent and youth      |
| List individuals that may be with or have knowledge of the youth’s location  Name/Relationship:       | Additional information (e.g. barriers to receiving the capias order, LE refusal to take a report, concerns for human trafficking, health issues for youth, etc.)       |

\* Upload to OnBase: Index as AC: Other Documents, Label as *Missing Youth Notification*

\* All initial and ongoing contacts must be entered into FACES under Point of Contact “Other - Efforts to locate missing youth”