MISSOURI DEPARTMENT OF SOCIAL SERVICES

CHILDREN’S DIVISION

**Missing Youth Notification**

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| **Complete & email to** [**CD.MissingYouth@dss.mo.gov**](mailto: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 contacted  Yes  No | Has the GAL been contacted  Yes  No | | Has the JO been contacted  Yes  No | | Did Court issue a capias/“pick-up” order  Yes  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”