**Youth Returning to Care: A Strength Based Approach** County of Ventura Children and Family Services

*Please remember that this is not to be used as an interview with the youth.* READY Program

Purpose: Establish patters (i.e. frequency, intensity, behaviors, and experiences) to assist with future case or safety planning and ensure individualized support and resources are considered.

Procedures:

1. Completed by social worker or youth outreach coordinator;

2. Completed within 72 hours upon return of youth to care;

3. May be completed once and updated periodically for multiple runaway episodes;

4. Email completed tool to READY program at: HSA-CFS-ReadyProgram@ventura.org

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| --- | --- |
| Youth’s full name: | Date of birth: |
| Youth’s cell phone number:  |
| Assigned child welfare social worker: |

|  |  |
| --- | --- |
| Date youth left placement: Click or tap here to enter text. | Date youth returned: Click or tap here to enter text. |

|  |
| --- |
| Placement address: Click or tap here to enter text. |
| Missing person’s report number: | Police department report was filed with: |

What were the circumstances leading up to the youth leaving placement? Click or tap here to enter text.

Youth’s social media accounts and handles: Click or tap here to enter text.

What prevented youth from returning to care: Click or tap here to enter text.

|  |
| --- |
| People the youth was with: Click or tap here to enter text. |
| Cities/locations the youth stayed in: Click or tap here to enter text. |
| Substance use the youth engaged in: Click or tap here to enter text. |

*What activities did the youth 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:

*Was the youth a victim of a crime? Check all that apply.*

[ ]  No [ ]  Physically assaulted

[ ]  Sexually assaulted [ ]  Belongings stolen

[ ]  Forced to do something you didn’t want to

[ ]  Other:

Comments:

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

[ ]  Friends [ ]  Steal/Shoplift

[ ]  Girlfriend/Boyfriend/Partner [ ]  Sold drugs

[ ]  Parents [ ]  Worked

[ ]  Other Family [ ]  Sex for money, food, shelter

[ ]  Other:

Comments:

*Was there anything that youths staff, caregiver, or social worker 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 caseworker

[ ]  Help me feel more accepted and wanted [ ]  Parent visit

[ ]  Other: [ ]  Sibling visit

Comments:

*What made the youth decide to return? Check all that apply.*

[ ]  Got picked up by law enforcement [ ]  Tired of running [ ]  Social worker

[ ]  Family [ ]  Needed assistance [ ]  Attorney

[ ]  Friends [ ]  CASA

[ ]  Other:

Comments:

*How can you help or what would help the youth stay in the future? Check all that apply.*

[ ]  Change in placement [ ]  Sibling visits

[ ]  Listen to me [ ]  More time with caseworker/staff

[ ]  Listen to music [ ]  Family visits

[ ]  Other: [ ]  Parent visits

Comments:

|  |  |
| --- | --- |
| Completed by: | Date: |