Appendix L: Child Intake Form

To collect identifying information for unaccompanied minors during registration at the Family Reunification Center.

Child Information		
Name (Last, First, Middle):		**DOB/Age**: ☐ Unknown
Eye Color: ☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Other		**Hair Color:** ☐ Brown ☐ Blonde ☐ Black ☐ Red ☐ Other
Primary Language: ☐ English ☐ Spanish ☐ Other: _____ ☐ Non-verbal		
Identifying Features: ☐ Scars ☐ Moles ☐ Birthmarks ☐ Tattoos ☐ Braces ☐ Missing Teeth ☐ Glasses ☐ Other:	**Items worn by or with child when found:** ☐ Pants/Shorts ☐ Shirt ☐ Dress/Skirt ☐ Shoes/Socks ☐ Coat/Jacket ☐ Jewelry ☐ Medical Devices ☐ Other:	**Photo** Attach a photo here
Describe all checked items:		
Describe where the child was found (Be as specific as possible, including neighborhood/street names):		
Arrival to Family Reunification Center		
Method: ☐ Private Vehicle ☐ EMS ☐ Public Transport ☐ Other:		
Details of Arrival:		
Wristband Placed on Child: ☐ Yes ☐ No	**Staff Responsible for Registration** (Print Name):	
Additional Information		
Parent/Guardian Name:	**Parent/Guardian Contact Number:**	
Parent/Guardian Location Known? ☐ Yes ☐ No **Current Location:**	**Additional Family Member Names, Age, Location, & Contact Number?** ☐ Sibling(s) ☐ Grandparent ☐ Aunt/Uncle ☐ Cousin ☐ Other____	
Pet Name(s): ☐ Dog ☐ Cat ☐ Other_____		
Name of School:	**Grade:**	**Teacher(s) Name:**

Disposition
☐ **Child Transferred to another facility/agency (Facility Name):** **Address:** **Phone:** **Contact:** **Transport Agency:**
Parent/Guardian Contacted? ☐ Yes ☐ No **Contacted By:** **Date/Time:**
☐ **Child Released to (Full Name):** **Known to Child?** ☐ Yes ☐ No **Relationship to Patient**: ☐ Parent/Guardian ☐ Sibling ☐ Aunt/Uncle/Cousin ☐ Grandparent ☐ Other: _____ **Picture Identification**: ☐ Driver's License ☐ Passport ☐ Work/School ID ☐ Other: _____ **Address on ID**: **Consent obtained from parent/guardian if released to another adult?** ☐ Yes ☐ No (explain):
☐ **Signature of Individual Assuming Responsibility for Child (Sign, Date, Time):**