**UNACCOMPANIED MINOR SIGN-IN AND TRACKING FORM**

The Unaccompanied Minor Sign-in and Tracking Form is completed by a staff member for each unaccompanied minor present in the FIC. The staff member should speak with the minor to obtain the necessary information. This form will be used to reunify the individual with his/her guardian.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FIC ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEDICAL RECORD # (IF ADMITTED TO FACILITY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    HAS LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES BEEN CONTACTED?  🞎 YES 🞎 NO IF YES, INDICATE DATE, TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Los Angeles County Department of Children and Family Services: 213-351-5507  Los Angeles County Department of Children and Family Services Custody Hotline: 800-540-4000 | | | | | | | | | |
| LAST NAME OF MINOR | | | | FIRST NAME OF MINOR | | | | | |
| ARRIVAL DATE/TIME | | RACE | | AGE | GENDER  🞎 M 🞎 F | | | | LANGUAGE |
| HAIR COLOR | | EYE COLOR | | DOB | HEIGHT | | | | WEIGHT |
| DISTINGUISHING MARKS | | | SIBLINGS | BROUGHT IN BY | | | | LISTED IN REDDINET?  🞎 YES 🞎 NO | |
| OTHER DESCRIPTIVE INFORMATION | | | | | | | | | |
| LOCATION FOUND | | | | HOME ADDRESS/TELEPHONE IF KNOWN | | | | | |
| STATUS  ☐ Identified Time:\_\_\_\_\_\_\_\_\_  ☐ Reunited Time:\_\_\_\_\_\_\_\_\_  ☐Waiting for guardian/family to be identified Time:\_\_\_\_\_\_\_\_\_  ☐Guardian/family is on his/her way Time:\_\_\_\_\_\_\_\_\_  ☐Waiting for guardian/family to be contacted Time:\_\_\_\_\_\_\_\_\_  Guardian’s Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Arrival Time:\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| COMPLETE THE FOLLOWING WHEN THE MINOR LEAVES THE SAFE AREA: | | | | | | | | | |
| TIME OUT | TO | | | ESCORT BY | | TIME RETURNED | | | | |
|  |  | | |  | |  | | | | |
|  |  | | |  | |  | | | | |
|  |  | | |  | |  | | | | |
| DEPARTURE DATE/TIME | GUARDIAN ID CHECKED  🞎 YES 🞎 NO | | | GUARDIAN ID# | GUARDIAN TELEPHONE NUMBER | | | | |
| NAME OF GUARDIAN | SIGNATURE OF GUARDIAN | | | STAFF NAME | | | STAFF SIGNATURE | | |
| INCIDENT NAME | | | | INCIDENT DATE/TIME | | | | | |

**ICS Form 401 Unaccompanied Minor Sign-In and Tracking Form**