## **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.

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	R	ACE	AGE	GENDER □ M □ F		LANGUAGE
HAIR COLOR	E	YE COLOR	DOB	HEIGHT		WEIGHT
DISTINGUISHING MARKS SIBLINGS		BROUGHT IN BY		LISTED IN REDDINET?		
OTHER DESCRIPTIVE INFORMATION						
LOCATION FOUND			HOME ADDRESS/TELEPHONE IF KNOWN			
STATUS						
□ Identified Time: □ Reunited Time:						
<ul><li>Waiting for guard</li><li>Guardian/family</li></ul>	Time: Time:					
Waiting for guardian/family to be contacted Time:     Guardian's Telephone: Estimated Arrival Time:						
COMPLETE THE FOLLO	OWING	WHEN THE MINOR LE	AVES THE SAFE A	REA:		
TIME OUT		ТО	ESCORT BY		TIME RETURNED	
DEPARTURE DATE/TIME	GUARDIAN ID CHECKED  YES  NO		GUARDIAN ID#	GUARDIAN TELEPHONE		ONE NUMBER
NAME OF GUARDIAN		NATURE OF ARDIAN	STAFF NAME		STAFF S	SIGNATURE
INCIDENT NAME			INCIDENT DATE/TIME			