

Youth Runaway Crisis Assessment Sheet

Youth Information

Name

Age

Gender

Contact Information

Date of Assessment

Current Situation

Current Location

Duration Away From Home

Reason for Leaving

Family / Home Information

Family Members Contacted

Home Environment

Risks & Safety

Physical Health Concerns

Mental Health Concerns

Immediate Risks (e.g. Safety, Exploitation, Substance Use)

Support & Resources

Existing Support Systems (Friends, Agencies, etc.)

Referrals/Actions Needed

Assessor Information

Assessor Name

Assessor Role/Title

Contact

