

CHILD'S FACE AND WHEREABOUTS SHEET					CASE NUMBER
For use of this form, see AR 608-18; the proponent agency is OACSIM.					
DATA REQUIRED BY THE PRIVACY ACT OF 1974					
AUTHORITY: 5 U.S.C. 301, Department Regulations; 10 U.S.C. 3013, Secretary of the Army; 42 U.S.C. 10606 et seq.; Victims' Rights as implemented by the Department of Defense Instruction 1030.2, Victim and Witness Assistance Program; DoD Directive 6400.1, Family Advocacy Program (FAP); Army Regulation 608-18, The Family Advocacy Program; and E.O. 9397 (SSN)					
PRINCIPAL PURPOSE: To provide essential background information to develop a service plan for each child and family involved in emergency placement.					
ROUTINE USES: To federal, state, or local government agencies when it is deemed appropriate to use civilian resources in counseling and treating individuals of families involved in child abuse or neglect or spouse abuse; or when appropriate or necessary to refer a case to civilian authorities for civil or criminal law enforcement; or when a state, county, or municipal child protective service agency inquires about a prior record of substantiated abuse for the purpose of investigating a suspected case of abuse. Information may be disclosed to departments and agencies of the Executive Branch of government in performance of their official duties relating to coordination of family advocacy programs, medical care and research concerning child abuse and neglect, and spouse abuse.					
DISCLOSURE: Voluntary. However, failure to provide the requested information may delay the provision of the appropriate services to the individual.					
NAME OF CHILD (<i>Last, first, middle</i>)				ALIAS AND/OR NICKNAME	
RACE	SEX	RELIGION	BAPTIZED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
BIRTHDATE (<i>month, day, year</i>)		BIRTHDATE VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE VERIFIED	PHOTO COPY FILED <input type="checkbox"/> YES <input type="checkbox"/> NO	
BIRTHPLACE (<i>Name of hospital, or street, or R.F.D. number, city or town, county and state</i>)					
NAME OF MOTHER (<i>Last, first, middle, maiden</i>)					
ALIAS AND/OR NICKNAME					
RACE	RELIGION				
NAME OF LEGAL FATHER (<i>Last, first, middle</i>)					
ALIAS AND/OR NICKNAME					
RACE	RELIGION				
FAMILY CASE NUMBER			DATE OF PLACEMENT IN EPC		
FAMILY OR AGENCY WITH WHOM CHILD PLACED					
NAME AND ADDRESS				RELATIONSHIP	
APPLICATION (<i>Date</i>) (<i>EPC Family</i>)		ACCEPTANCE (<i>Date</i>) (<i>EPC Family</i>)		FIRST PLACEMENT (<i>Date</i>) (<i>EPC Family</i>)	
COURT (<i>If Involved</i>)					
COURT (<i>Name</i>)					
DOCKET NUMBER		ORDER OF DETENTION (<i>Date</i>)		COMMITMENT (<i>Date(s)</i>)	
FINDINGS					
DATE OF PLACEMENT/TRANSFER TO CIVILIAN AGENCY					
DATE (<i>Guardianship for adoption</i>)		COURT OR AGENCY (<i>Name</i>)			
DATES PLACEMENT REVIEWED					
DATE	DATE	DATE	DATE	DATE	
DATE	DATE	DATE	DATE	DATE	

NOTE: WHEN NAME IS THAT OF FOSTER FAMILY USE PAYEE NAME

DATE	NAME OF FAMILY, AGENCY INSTITUTION AND CASE NUMBER	ADDRESS (<i>Street, box no. county, city and state</i>)	LIVING ARRANGEMENT
	CASE NO.		
	CASE NO.		