



MOCHIP CHILD ID

Missouri Child Identification Program

Hawthorne Elementary Commons

1815 South Jefferson

Kearney, Missouri 64060

January 17th 10:00am - 2:00pm



No one wants to think that the unimaginable could happen to them, but according to statistics, nearly 2,000 children are reported missing or abducted each day in the United States. Gathering all of the information law enforcement officials need after the fact can be a daunting task, especially under duress. GIRLS and BOYS ages 11-21 are statistically most susceptible to become missing.

According to the National Center for Missing & Exploited Children (NCMEC.ORG), a current good quality photo is the single most effective tool in locating a missing child. The NCMEC encourages parents to be prepared by assembling their child's photos and vital information ahead of time.

MOCHIP is a comprehensive child identification program designed to give families of a measure of protection against the ever increasing problem of missing and abducted children.

This program is provided **"FREE OF CHARGE"** ♥ Thanks to Missouri Freemasons and our sponsors.

How does it work?

The program consists of five major components:

- Digital Photographs
- Digital Fingerprints
- Child Information and Emergency contacts
- Dental bite impression
- Two (2) laminated ID cards

Together, these five measures provide a powerful identification and recovery tool.



The digital photographs, digital fingerprints and Child Information and

emergency contacts are given to the parent or guardian of the child on a mini-CD computer disk. The information on the disk is compatible with the format required by the "AMBER ALERT" program.



The dental bite wafer provides an impression of the biting surface of the child's

teeth, which like fingerprints, are unique to each individual. The wafer also collects enough saliva to provide a DNA sample and a source for a scent for trained canine search and recovery teams.

Scan for detailed information:



The Foundation retains no information concerning the children; only a signed permission form is retained by the Foundation.

If you have any questions, please contact:

Dale Ahle

816-935-1842

or

dale@tcomw.com



Permission Form for the Missouri Masonic Children's Foundation's Missouri Child Identification Program--MoCHIP



(Please print all entries except signature)

I, _____, am the _____ of
(Parent or legal guardian's full name) (Relationship, i.e. parent or legal guardian)

_____, a minor.
(Child's full name)

As parent or legal guardian, I hereby give permission for this child to participate in the MO CHIP program. As a participant in this program it is my understanding that I shall receive the following:

- Compact disk with the child's photo, fingerprints and description.
Bite wafer bearing tooth print impression (prepared under the direction of a health professional)
Data report with information, picture and fingerprints
Laminated photo ID card(s)

Also, I understand that any material generated in the identification process (i.e. paperwork, compact disk, bite wafer) becomes the sole property of the child's parent or legal guardian. No copies will be made or retained on file by the Missouri Masonic Children's Foundation or by any other participating sponsoring agency or institution.

I further understand that this identification program is being provided by the Masonic Children's Foundation solely as a community service at no charge. As this child's parent or legal guardian I hereby release the Missouri Masonic Children's Foundation from any and all liability of every kind and description relating to participation in this program.

Adult's Signature _____ Date _____



Child Identification Program - Information Collection Sheet

Providing any of the below information is voluntary, however the more information you provide, the better this resource will work for you if it is needed. Remember—the Masonic Children’s Foundation retains none of this information

First Name: _____ Middle Initial: _____

Last Name: _____

Nickname: _____

Birth Date: _____ (MMDDYYYY, e.g. 04162008)

Place of Birth: _____ (e.g. Independence, MO)

Home Street Address: _____

Street Address 2nd _____

City: _____

State: _____ Zip code: _____

Home Phone Number: _____

Child’s Phone Number: _____

CHECK ONE IN EACH CATEGORY:

Gender: Male Female

Predominate Race: Asian Bla African-Amer Hispanic Native American Caucasian/White

Eye Color: Black Blue Brown Green Gray Hazel
 Maroon Pink Multicolored Unknown

Hair Color: Bald Black Blue Brown Blonde/Strawberry
 Green Orange Purple Pink Red/Auburn Unknown

Height _____ feet _____ inches

Weight: _____ pounds

Distinguishing Marks: _____

(e.g. scars, moles, birthmarks, etc)

PARENT INFORMATION:

If you would like both mother & father’s name to appear on printout, put both names on Primary Parent Line (Jack & Jill Uphill)

Primary Parent/Legal Guardian

Name: _____

City: _____

State: _____ Zip: _____

Parent Phone #: () _____

Parent Cell Phone #: () _____

Parent Work Phone #:() _____

Other Parent/Legal Guardian

Name: _____

City: _____

State: _____

Parent Phone #: () _____

Parent Cell Phone #: () _____

Parent Work Phone #:() _____

Additional Child Information

Child's Doctor: _____

Doctor Phone #: () _____

Doctor City & State: _____

Medical Needs: Yes No *Please Choose one.*

Specific Medical Needs: _____
(e.g. wheelchair, inhaler, etc.)

Medical Conditions: _____
(e.g. cerebral palsy, asthma, etc.)

Medical Details: _____
(e.g. medicines, etc.)

Child's Dentist: _____

Dentist Phone #: () _____

Dentist City | State: () _____

Known Clubs & Associations: _____
(e.g. Cub Scouts, soccer, etc)

Emergency Contact *We recommend using someone other than a parent–grandparent, aunt, uncle, friend, etc.*

Emergency Name: _____

Emergency Phone #: () _____

Disclaimer: This form has either been downloaded from the MoCHIP Web site (mochip.org) or distributed by a Masonic Lodge. The Missouri Masonic Children's Foundation is not responsible for the privately collected information assembled on this form. Please take extreme care to secure this sensitive information both prior to and after the MoCHIP event.



Must have approval from the State Coordinator prior to appearance.
Contact information is below.



Media Appearance Approval Form/Format

(Specific details relating to your event should be emailed to: MCF Coordinator Nick Cichielo: nick.mochip@gmail.com)

Contact Name: _____

Lodge: _____

Contact Phone: _____

Contact Fax: _____

Related website: www.mochip.org

Phone number for viewers to get more information: 1-877-226-2766

Event Name: MoCHIP – Missouri Child ID Program sponsored by the Masonic Children's

Foundation Name(s) of guests to appear: _____

Date of MoCHIP Event: _____

Location (Lodge, school, etc.): _____

Brief Explanation of Program

MoCHIP is a comprehensive program sponsored by the Masonic Children's Foundation and is provided free of charge.

The items provided on a mini CD as well as two (2) laminated ID cards include: Full-color digital, multi-posed photographs—a complete set of digital fingerprints—individual information including distinguishing features such as hair & eye color, scars & birthmarks—and doctor, dentist, parental and emergency contact information.

The CD is Amber Alert compatible.

A dental impression is taken, which like fingerprints, are unique to each individual. This impression also supplies a DNA sample and a canine scent that tracking dogs use to help find lost children.

No information other than the signed Permission Form is retained by MoCHIP or the Masonic Children's Foundation, further insuring the security of a child's vital information.

MoCHIP Statistics (call office 636-530-6069 for up-to- date stats)

As of April 13, 2014 :

192,281 children have been ID'd

1,137,000 events have been held (since the program's inception, Aug. 2005)

2006:	12,361 children were ID'd
2007:	27,639 children were ID'd
2008:	25,034 children were ID'd
2009:	25,112 children were ID'd
2010:	24,616 children were ID'd
2011:	25,928 children were ID'd
2012:	25,821 children were ID'd
2013:	24,002 children were ID'd

To date: 20,242 volunteers have contributed their time and resources

Visual items to be incorporated into your appearance: Press kit items. Request from Grand Lodge.

Suggested questions for interview:

Q. Approximately how many children do you average per event?

A. 162, but we've processed as many as 600.

Q. How often are MoCHIP Events held?

A. Most weekends throughout the state each year. Check the MoCHIP website (mochip.org).

Q. Can anyone attend?

A. Yes. It is a community service brought to you by Missouri Masonic Lodges and Freemasonry.

Q. Can residents from other states attend?

A. Yes, anyone is more than welcome to participate in any MoCHIP Event being held.

Q. Can an organization such as a school or church have a MoCHIP Event of their own?

A. Yes, though they must have a Masonic Lodge "host" the event. In other words, the event would be held in conjunction with, and under the direction of a Missouri Masonic Lodge. To schedule an event, contact either your local Masonic lodge or the state coordinator (details on the website). We are currently working two years out.

Q. What happens to all the information that is entered into the computers?

A. Absolutely no information is retained by MoCHIP. After each child is processed the parent or legal guardian receives a yellow envelope containing the encrypted CD, dental impression and/or swab, and the information collection form they initially filled out. At the end of an event all information is deleted using high-tech software that makes three passes to ensure safe removal. All that is retained by the Masonic Children's Foundation is the signed permission slip.

Q. How many states have this program?

A. 18 states operate Masonichip programs. Each CHIP program is independently funded and operated, utilizing different resources with the same common goal.