***Program Checklist***

**Referral- Name:**

Date of Referral: \_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interview / Intake Process**

Date of Interview: \_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interviewers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interview Completed Rescheduled Date: \_\_\_\_\_\_\_\_\_\_ Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorization to Interview / Release of Liability Parent Checklist

Authorization of Release (s) Parent Interview

Fire Safety Education Agreement Child / Youth Interview

Child / Youth Fire Safety Contract Screening Report

Maine Juvenile Fire Safety Intervention Intake Form Fire Report / Police Report

**Disposition**

Comprehensive Fire Safety Education Information Only (No Direct Contact)

Referred to Intervention Services (Non-Fire Safety) Youth Not Seen by Program

**Education**

Fire Behavior Module Date: \_\_\_\_\_\_\_\_\_\_ Pre-Test \_\_\_\_\_\_\_\_\_

Fire Prevention Module Date: \_\_\_\_\_\_\_\_\_\_ Post-Test \_\_\_\_\_\_\_\_\_

Burn Management Module Date: \_\_\_\_\_\_\_\_\_\_

Decision Making Module Date: \_\_\_\_\_\_\_\_\_\_ Objectives Form

**Graduation**

Certificate of Completion Exit Interview

Vocational Introduction Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Follow up**

6-month Date: \_\_\_\_\_\_\_\_\_\_ Response Yes No

12-month Date: \_\_\_\_\_\_\_\_\_\_ Response Yes No

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_