

**Youth Fire Safety and Intervention Program
Fire Incident Informaiton Form**

| | | | | | | | | | | |
|--|---|--|--------------------------|------------------------------|---------------|--|-------------------------------------|-----------------|--------------------------------------|-------|
| Y O U T H | Youth Information | | | | | | | | | |
| | Last Name | | | | | First Name | | | MI | |
| | Sex: M F | | Age: | | | Social Security # | | | Date of Birth | |
| | Height: ft inches | | | | Weight: | | Email: | | | |
| | Race | | White | | Asian | | African American | Native American | Hispanic | Other |
| | Language Spoken | | | | | | | | | |
| | Home Address | | | | | City / Town | | | Zip Code | |
| | Primary Phone | | | Secondary Phone | | | Email | | | |
| | Youth Education | | | | | | | | | |
| | School Name | | | | | Phone | | | Grade Level | |
| Social Media Accounts <input type="checkbox"/> None <input type="checkbox"/> Facebook <input type="checkbox"/> Google + <input type="checkbox"/> Instagram <input type="checkbox"/> Twitter <input type="checkbox"/> Youtube <input type="checkbox"/> Other: | | | | | | | | | | |
| C A R E G I V E R | Caregiver Information | | | | | | | | | |
| | Adult #1 Residing with Child | | | | | Adult #2 Residing with Child | | | | |
| | Name: | | | | | Name: | | | | |
| | Maiden Name | | | Date of Birth | | Maiden Name | | | Date of Birth | |
| | Address: | | | | | Address: | | | | |
| | Home Phone: | | | Work Phone: | | Home Phone: | | | Work Phone: | |
| | Employed: Yes No | | | Marital Status: | | Employed: Yes No | | | Marital Status: | |
| | Highest Level of Education | | | | | Highest Level of Education | | | | |
| | Relationship to Child | | | | | Relationship to Child | | | | |
| | Natural Parent | | Step | | | Natural Parent | | Step | | |
| | Adoptive | | Foster | | | Adoptive | | Foster | | |
| | Grandparent | | Other | | | Grandparent | | Other | | |
| | Others Residing with Child | | | | | | | | | |
| | Name: | | | | Relationship: | | | Age: | | |
| | Name: | | | | Relationship: | | | Age: | | |
| Name: | | | | Relationship: | | | Age: | | | |
| Name: | | | | Relationship: | | | Age: | | | |
| R E F E R R A L | Referral Source | | | | | | | | | |
| | Date: | | Name | | | Address: | | | | |
| | Agency: | | | | Phone: | | | Cell: | | |
| | Caregiver | | School | | | Law Enforcement | | | Mental Health | |
| | Fire Service | | Juvenile Justice | | | Parent | | | Other | |
| H E A L T H H I S T O R Y | Youth's Health History | | | | | | | | | |
| | None | | Autism Spectrum Disorder | | | Developmental (Intellectual) Disabilit | | | Oppositional Defiance Disorder | |
| | Alcohol / Substance Abuse | | | Bipolar Disorder | | | Diabetes | | Sleep Disorder | |
| | Anxiety Disorder | | | Conduct Disorder | | | Eating Disorder | | Specific Learning Disorder | |
| | Asthma | | | Counseling / Therapy History | | | Impulse Control (Agression) Disorde | | trauma/ Stress Related Disorder PTSD | |
| | ADHD (Attention Deficit Hyperactivity Disorder) | | | Depression | | | Obsessive / Compulsive Disorder | | Other | |
| | Current Treatments: | | | | | | | | | |
| | Medications: | | | | | Allergies: | | | | |
| | | | | | | | | | | |

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|-------------------------|--|--------------------------|-------------------------------|---|---|-------------------------------|---------|
| Youth Information | Physician: | | | Counselor / Pyschologist: | | | |
| | School Performance or Behavioral History: Yes / No | | | Youth Law Enforcement History: Yes / No | | | |
| | Abuse of Neglect History: Yes / No | | | Family Law Enforcment History: Yes / No | | | |
| | Recent Trauma Last 6 months: Yes / No | | | Child Protective Services History: Yes / No | | | |
| | Has the youth had previous firesetting history? Yes / No | | | If so, How many times | | | |
| | | None | | Economic Change in Family Income | | New Child / Family Member | Unknown |
| | | Bullying / Teasing | | Loss / Death of Friend / Pet | | Parental Seperation / Divorce | Other |
| | | Death of a Family Member | | Move / Relocation | | School Change | |
| | Other Agencies Working With Family | | | | | | |
| | | None | | Diversion | | Law Enforcement | Unknown |
| | Child / Family Services | | Juvenile Justice | | Mental Health | Other | |
| Incident | Incident | | | | | | |
| | Date: | | Day Week: | | Time: | Source of Ignition: | |
| | City: | | Zip Code: | | Location: | Items Ignited: | |
| | Location: Inside / Outside | | Inside: Occupied / Unoccupied | | Youth Supervised/ Who? | Obtained From: | |
| | Social Media Infleunce? | | Drugs / Alcohol Involved? | | Accelerants Used: | | |
| | Description of Incident: | | | | | | |
| | Behavior at Event: | | Cited by Authorities Yes / No | | Diversion Hearing Yes / No | Disciplinary Actions: | |
| | Others Involved in Incident | | | | | | |
| | Name: | | Relationship: | Age: | Address: | Phone: | |
| | Name: | | Relationship: | Age: | Address: | Phone: | |
| | Name: | | Relationship: | Age: | Address: | Phone: | |
| | Incident Outcome | | | | | | |
| | Property Damage \$ | | # Displaced | | # Injuries & Description | # Deaths | |
| | Fire Department Response | | Police Response | | Report to NFIRS National Fire Incident Reporting System? Yes / No | Smoke Detectors Present | |
| | Fire Department# | | Police Incident # | | # | Smoke Detectors Tested | |
| One time incident | | If no, How many others | | Caregiver / Parent Smoke? | Smoke Detectors Activated | | |
| Disposition | Disposition | | | | | | |
| | Comprehensive Fire Safety Education | | | Referral to Other Agency: | | | |
| | Information Only- No Direct Contact | | | Youth not Seen By Program | | | |
| | Intake Process | | | | | | |
| | Intake Process Completed: | | | Date: | | Location | |
| Child Intake Form Score | | | | Parental Intake Form Score | | | |