Youth Firesetting Prevention and Intervention
INTAKE INFORMATION

Child's full name: _____

Date: _____

Gender: M☐ F☐

DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Does the child have any special needs? Yes☐ No☐

If so, what? _____

Is the child in treatment for those needs? Yes☐No☐

Did the child or anyone else sustain any injuries? Yes☐ No☐

If so, what type? _____

What is the child's primary language? _____

Race: _____ Ethnicity: _____

School Attended: _____ Grade: _____

Referred by: _____ Address: _____

Date of Fire: _____ Time: _____ Run Number: _____

Location of Fire: _____

Type of Fire: _____

If location was a structure, was it occupied? Yes☐ No☐

Ignition Device: _____ Novelty lighter? Yes☐ No☐

Dollar Loss: _____ Flammable Liquids? Yes☐ No☐

Other Details: _____

Responsible Adult #1: Lives with child? Yes ☐ No ☐ Relationship: _____

Name: _____

Address: _____

City: _____State: _____ Zip: _____Phone: _____

E-Mail: _____

Responsible Adult #2: Lives with child? Yes ☐ No ☐ Relationship: _____

Name: _____

Address:_____

City: _____State: _____ Zip: _____ Phone:_____

E-mail: _____

Others

Accomplice(s):

Name:_____Gender: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Gender: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Notes:

_____

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