

Casa Grande Fire Department
Youth Firesetter Referral Form

Parent/Guardian Interview: Intake Officer _____ Date: _____ Time: _____

Referring person/agency/telephone and fax numbers: _____

Child's Name: _____ DOB: _____ Age: _____ Sex: _____ Race: _____
(Last, First)

School _____ School District _____ Grade _____

Who lives in home/siblings names and ages? _____

Parent/Guardian _____ Relationship _____

Address _____ City _____ Zip _____

Phone (H) _____ (W) _____ Message/Cellular _____

Has there been a recent stressful event in the family? _____ Yes _____ No

If so, what? _____

Is child ADD/ADHD/Other diagnosis? _____ Yes _____ No Is child in Counseling? _____ Yes _____ No

How did you hear about the YFS Program? _____

Incident Information

Did the fire department respond? _____ Yes _____ No Incident #: _____

Date _____ Time _____ Fire Co/Inv. _____

Ignition source _____ Location of incident _____

Was child alone or with others in the fire incident? _____ Alone _____ Others

Does child have a history of playing with matches or lighters? _____ Yes _____ No (Yes) How long? _____

Has child set previous fires? _____ Yes _____ No (If Yes) How many? _____ When? _____

Has child attended a previous YFS class? _____ Yes _____ No (if yes) When _____ Where _____

Does the residence have a working smoke alarm? _____ Yes _____ No _____ Unknown

Is there a smoker in the residence? _____ Yes _____ No _____ Unknown

Synopsis of incident: _____
