



Youth Fire Intervention INTAKE INFORMATION

Youth Information:

Date: _____

First: _____ Middle: _____ Last: _____

Gender: _____ DOB: _____ Age at time of incident: _____

Address: _____

City: _____ State: _____ Zip: _____

Is the youth a smoker? Yes No

What is the child's primary language? _____

Race: _____ Ethnicity: _____

School Attended: _____ Grade: _____

What types of social media does the youth use? _____

Referred by: _____ Address: _____

Medical History / Youth Information

Does the child have any medical or mental health conditions? Yes No

If yes, what? _____

Is the youth receiving treatment for those conditions? Yes No

If yes, what? _____

Is the child on medication? Yes No

Is yes, what? _____

Other agencies working with the family? _____

Has there been a stressful event in the youth's life over the last 6-months? _____

Caregiver Information:

Family Type: (Birth parents, single parent divorced, adopted, etc.) _____

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

Name: _____

Address: _____

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

E-Mail: _____ Highest level of education _____

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

Name: _____

Address: _____

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

E-Mail: _____ Highest level of education _____

Youth / Family Residence Information:

Number of children in primary residence: _____

Name of Sibling: _____ Gender: _____ Age _____

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Does youth participate in free lunch program? Yes No

Smokers in the household? Yes No

Type of residence (Single family home, apartment, etc): _____

Fire Scene Information:

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

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

If yes, what type? _____

Location of Fire: _____

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

Type of Fire: _____

Ignition Device: _____ Novelty lighter? Yes No

Dollar Loss: _____ Flammable Liquids? Yes No

Other Details:

Accomplice(s):

Name: _____ Gender: _____ DOB: _____

Address: _____

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

Name: _____ Gender: _____ DOB: _____

Address: _____

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

Additional Information:

