



Youth Firesetting Prevention and Intervention INTAKE INFORMATION

Child:

Name: _____ Gender: _____ 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? _____

What is the child's primary language? _____

Race: _____ Ethnicity: _____

School Attended: _____ Grade: _____

Referred by: _____ Address: _____

Responsible Adult #1: Lives with child? yes no

Name: _____

Address: _____

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

E-Mail: _____

Responsible Adult #2: Lives with child? yes no

Name: _____

Address: _____

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

E-mail: _____

Others?

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

Accomplice(s):

Name: _____ Gender: _____ DOB: _____

Address: _____

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

Name: _____ Gender: _____ DOB: _____

Address: _____

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

Others?

Signed: _____ Date: _____

Print Name: _____