

# Glendale 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax to J. Boberg, YFS Program 623-847-5313