

**Youth Prevention and Intervention Incident Information**  
**Personal Information**

Date Received \_\_\_\_\_

Agency/Department \_\_\_\_\_

Initial Contact Person \_\_\_\_\_

Person/Agency Requesting Service \_\_\_\_\_ Phone# \_\_\_\_\_

Youth's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

Male

Female

**Parent/Caregivers**

Father \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

Mother \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

**Other adults in the home**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Brothers/Sisters**

Name \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Incident Information**

Did the fire dept. respond? Yes \_\_\_\_\_ No \_\_\_\_\_ Incident# \_\_\_\_\_ Date \_\_\_\_\_

Where did the incident take place? \_\_\_\_\_

What was set on fire? \_\_\_\_\_

What was the ignition source? \_\_\_\_\_

Have there been any other firesets? \_\_\_\_\_

**Action Taken**

Screening Interview Date \_\_\_\_\_ Time \_\_\_\_\_

Name of Interviewer \_\_\_\_\_

Results: Fire Education \_\_\_\_\_ Referral to \_\_\_\_\_

Describe educational intervention provided (use back) \_\_\_\_\_

Comments: