



The **N**orthwestern Youth **F**ire **I**ntervention
Response, **E**ducation and **S**afety Partnership
A Community Response to Youth-Set Fires

REFERRAL FORM

Youth Name: _____ Date: _____ Male _____ Female _____

Date of Birth: _____ Age: _____ Grade: _____ School: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Relationship to youth: _____

Parent Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email address: _____ @ _____

Referred by: _____ Agency: _____

Phone: _____ Email: _____

Incident date: _____ Town: _____

Description of Incident:
(Please include ignition source, damages, and history of fire setting. Use back, if needed.)

Fire Report # _____ Police Report # _____

Court Involved: _____ YES _____ NO Attorney: _____ Next Court Date: _____

Other Agencies Involved: (DMH, DCF, DYS, Therapist, etc.)

Name: _____ Agency: _____ Phone: _____

Name: _____ Agency: _____ Phone: _____