



Northwestern Youth Fire Intervention
Response, Education and Safety Partnership

A Community Response to Youth-Set Fires

Screeners: _____

REFERRAL FORM

Youth Name: _____ Date: _____

Male Female Date of Birth: _____ Age: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Relationship: _____

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.)

Court Involved: _____YES _____NO Next Court Date: _____

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

Name: _____ Agency: _____ Phone: _____

Name: _____ Agency: _____ Phone: _____