

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 _____
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_____	_____
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_____	_____
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_____	_____
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Brothers/Sisters

Name _____	Age _____
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_____	_____
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_____	_____
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School \_\_\_\_\_ Grade \_\_\_\_\_

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**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? \_\_\_\_\_

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**Action Taken**

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

Name if Interviewer \_\_\_\_\_

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

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

Comments: