

YOUTH FIRE SETTING INTERVENTION REFERRAL FORM

Please email the completed form to Benjamin Sterling (bstirling@kunafire.com) at Station 1. If youth and family information is not available, please fill out what you have.

Today's Date: _____

Incident Information

Date: _____ Incident Report #: _____

Employee Name: _____

Incident Address: _____

Fire's Location: Home Structure Non-Home Structure Vehicle Vegetation
 Outside rubbish Special outside fire

Items Ignited: _____

Source of Ignition: Matches Lighter Fireworks Other

Investigated by FD Yes No Investigator: _____

Investigated by PD Yes No Investigator: _____

Report #: _____

Youth & Family Information

First: _____ Middle: _____ Last: _____

Gender: _____ DOB: _____ Age at time of incident: _____

Address: _____

Guardian #1 Name: _____ Phone #: _____

Guardian #2 Name: _____ Phone #: _____

Were Smoke Alarms Present? Yes No N/A

Others Involved in Incident? Yes No

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

For YFS Program Manager Use Only

Participating Refusal Unable to make contact

Comments: