

Youth Fire Prevention Team - Referral Form



Fax: (314) 939-1555 (or)

Email: brsg@brsg.org

Attn: Burns Recovered

Website: www.brsg.org



Referring Agency Contact Information:

Referral Date: _____

Title of referring person: Counselor First Responder Nurse Self Parent Other: _____

Name of referring person: _____ Agency: _____

Address: _____ City: _____ State: _____ Zip code: _____

County: _____ Email: _____

Work: _____ Cell: _____ Fax: _____

Information of Child Referred:

Name of child: _____ Gender: Female Male DOB: _____ Age: _____

Child lives with: Mother Father Legal guardian Other: _____

Referring offense: Arson Bomb threat Fire setting Fire play Fireworks Other: _____

Previous offense: Yes No Unknown

Offense description: _____

Previous/current contact with Child Protective Services? Yes No Unknown

Parent(s) Contact Information: (List the address where the child is currently living)

Mother: _____ Father: _____ Legal Guardian: _____

Address: _____ City: _____ State: _____ Zip code: _____

Home: _____ Cell: _____ Work: _____

Email address: _____

Parent provided **verbal consent** to release contact information to Burns Recovered.

Parent provided written consent Parent Signature: _____

For office use only:

Date Contacted family: _____

Dates scheduled: _____ Attend No show

Rescheduled dates: _____ Attend No show

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