

Youth Fire Prevention Team Intake Referral Form



Fax: (314) 939-1555 (or)
Email: brsg@brsg.org
Attn: Burns Recovered
Website: www.brsg.org



Information of Child Referred:

Name of child: _____ AKA: _____ Birth Place: _____

Gender: Female Male DOB: _____ Age: _____ Race: _____ Religion: _____

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: _____

Yes No Court Ordered?

Yes No Previous/current contact with Child Protective Services?

Yes No Does the family have prior or present involvement with Children's Division?

If so, where: _____

Yes No Does the family have history of child abuse and/or neglect?

Please describe: _____

Yes No Does the Juvenile or parent have history of drug or alcohol abuse?

Please describe: _____

Yes No Does the Juvenile or parents have history of mental health services?

Please describe: _____

Yes No Does the Juvenile have any health concerns (ADD/ADHD) or handicap?

Please describe: _____

Yes No Is the Juvenile on any prescribed medications?

If yes, please list: _____

Yes No Does the Juvenile have a learning disability, IEP, or 504 plan?

Please describe: _____

Is the Juvenile Passing or Failing in school? Grade in School: _____ School District: _____

Name of School: _____ Phone: _____

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

Referring Agency Contact Information:

Referral Date: _____

Name of referring person: _____ Agency: _____

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

County: _____ Email: _____

Work: _____ Cell: _____ Fax: _____

Parent(s) Contact Information:

Birth Mother Adoptive Mother Guardian: _____ Adoption/Guardianship Date: _____

Name: _____ DOB: _____ Birth Place: _____

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

Home: _____ Cell: _____ Work: _____

Email address: _____

Place of employment: _____ Religion: _____

Marital Status: Married Divorced Single Widowed

Birth Father Adoptive Father Guardian: _____ Adoption/Guardianship Date: _____

Name: _____ DOB: _____ Birth Place: _____

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

Home: _____ Cell: _____ Work: _____

Email address: _____

Place of employment: _____ Religion: _____

Marital Status: Married Divorced Single Widowed

Legal Custody: Mother Father Joint Other: _____

Physical Custody: Mother Father Joint Other: _____

Others in Home:

Name	Gender	DOB	School & Grade/Employer	Relation

Note: One parent or legal guardian must accompany the child(ren) for the entire program

For office use only:

Date Contacted family: _____

Dates scheduled: _____

Rescheduled dates: _____

Attend No show

Attend No show

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