VISION 20/20
COMMUNITY RISK REDUCTION
STRATEGICFIRE.ORG

YFS Intake Information

YOUTH INFORMATION

Last Name | **First Name** | **Middle Initial** | **Date of Birth**

Age | **Gender** | **Grade / School Level**

Race / Ethnicity | **Primary Language**

Street Address | **City** | **State** | **Zip**

Phone (Home) | **Phone (Cell)** | **Email**

MEDICAL / BEHAVIORAL HISTORY

Has the youth been diagnosed with any of the following? (Check all that apply)

- ■ ADHD / ADD
- ■ Anxiety
- ■ Autism Spectrum Disorder
- ■ Bipolar Disorder
- ■ Conduct Disorder
- ■ Depression
- ■ Fetal Alcohol Spectrum Disorder
- ■ Oppositional Defiant Disorder
- ■ Reactive Attachment Disorder
- ■ Traumatic Brain Injury
- ■ Other (specify below)
- ■ None known

Other / Notes

Current Medications | **Prescribing Provider**

Is the youth currently receiving mental health services?

- ■ Yes
- ■ No
- ■ Unknown

Provider Name / Agency (if yes)

CAREGIVER / GUARDIAN INFORMATION

Caregiver Last Name | **First Name** | **Relationship to Youth**

Street Address | **City** | **State** | **Zip**

Phone (Home) | **Phone (Cell)** | **Email**

Is caregiver the legal guardian?

■ Yes ■ No — Legal guardian is (name below)

Legal Guardian Name / Contact (if different)

RESIDENCE / HOUSEHOLD

Youth currently lives with:

■ Both parents ■ Mother only ■ Father only ■ Grandparent(s)

■ Foster care ■ Other relative ■ Group home / facility ■ Other (specify)

Number of people in household **Ages of other children in home**

Are there other known firesetting incidents in the household?

■ Yes ■ No ■ Unknown

FIRE SCENE / REFERRAL INFORMATION

Date of Incident **Incident Location**

Referring Agency | **Referring Officer / Contact** | **Contact Phone**

Date of Referral | **Date of First Contact** | **Case Number**

Brief description of incident: