

YORK COUNTY JUVENILE FIRE SAFETY & INTERVENTION COLLABORATIVE

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Juvenile Fire Setter Referral Form

Date of referral: _____ Person making referral: _____ Agency: _____

Address: _____ Phone: () _____ - _____ Email: _____

Juvenile Information:

First: _____ Last: _____ Male or Female (**Circle One**)

DOB: _____ Age: _____

Physical Address: _____

Mailing Address: _____

Parent/Guardian Information:

First: _____ Last: _____ Phone: () _____ - _____
__ Natural Parent __ Adoptive __ Foster __ Grandparent __ Step-Parent

First: _____ Last: _____ Phone: () _____ - _____
__ Natural Parent __ Adoptive __ Foster __ Grandparent __ Step-Parent

Physical Address: _____

Mailing Address: _____

Does the parent know this referral is being made for their child? Yes ___ No ___

Brief description of incident or concern:

Did Fire Department Respond?

___ Yes ___ No (If yes please provide incident report)

Did Police Department Respond?

___ Yes ___ No (If yes please provide incident report)