



## Broward County Youth Firesetter Prevention and Intervention Program

*Directed by the Fire Chiefs Association of Broward County  
Managed by the Broward Sheriff's Office*

### DEPARTMENT OF FIRE RESCUE AND EMERGENCY SERVICES Fire Marshal's Bureau

Please PRINT and complete the information below

YFPIP Case #: \_\_\_\_\_ YFPIP Office Use Only

DATE: \_\_\_\_\_

#### **REFERRAL AGENCY INFORMATION:**

Referral Agency: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

#### **REFERRED YOUTH INFORMATION:**

Youth's First Name: \_\_\_\_\_ Youth's Last Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

DOB: \_\_\_\_\_ Place of Birth (City, State): \_\_\_\_\_

Age: \_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_

Guardian's First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code



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#### **REFERRED YOUTH INFORMATION CONT'D:**

Primary Language Spoken: \_\_\_\_\_

Preferred Method to be contacted: ☐ Phone ☐ Email ☐ Text

Was the caregiver present at the time of the incident? ☐ Yes ☐ No

Names of other Individuals living in the home	Age	Relationship to youth?

#### **INCIDENT INFORMATION:**

Type of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Incident Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Responding Agencies: \_\_\_\_\_

FD Incident #: \_\_\_\_\_ PD Incident #: \_\_\_\_\_

Property Type: \_\_\_\_\_

Structure Type: \_\_\_\_\_ Location of fire: \_\_\_\_\_

Items Ignited: \_\_\_\_\_

Ignition source? \_\_\_\_\_ Where was it obtained? \_\_\_\_\_

How was it extinguished? \_\_\_\_\_



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#### **INCIDENT INFORMATION CONT'D:**

What was the original ignition source? \_\_\_\_\_

Where was the original ignition source obtained? ☐ \_\_\_\_\_

#### **Select all that apply below:**

Who reported the incident? ☐ Fire Personnel ☐ Law Enforcement ☐ School ☐ Parent  
☐ Other \_\_\_\_\_

Who was the incident reported to? ☐ Fire Department ☐ Law Enforcement ☐ School  
☐ Other \_\_\_\_\_

What was the youth's response to the incident? ☐ Self-Reported ☐ Ran Away  
☐ Tried to Extinguish ☐ Other \_\_\_\_\_

Did the youth appear to act in a group? ☐ Yes ☐ No

What was the youth's role? ☐ Observer ☐ Participant ☐ Leader

What was the youth's behavior on the scene? ☐ Normal ☐ Withdrawn ☐ Lethargic  
☐ Aggressive ☐ Other \_\_\_\_\_

#### NARRATIVE:

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#### **Please send completed forms to:**

**Attn:** Broward County Youth Firesetter Prevention and Intervention Program

**Mail:** 2601 W. Broward Boulevard. Room 3061. Ft. Lauderdale, FL 33312

#### **E-mail:**

[FireRescue\\_PublicEducation@sheriff.org](mailto:FireRescue_PublicEducation@sheriff.org)

**Fax:** 954-831-8218

**For questions, please call (954) 831-8210**