



INCIDENT REFERRAL FORM - Assurance of informed consent protects the Burn Institute, you and the youth(s).

The completed Incident Referral Detail should be securely submitted to the Burn Institute via mail, e-mail or fax and any additional records, reports and photos may be attached or included.

This form is not to be given to the youth or adult guardian. Fill out a separate form for each youth being referred.

The referring agent is the law enforcement, fire service, school or juvenile justice professional filling out this formal referral for evaluation. If you do not meet the criteria, or you are a family member requesting services, please contact the Burn Institute for an appointment.

Ask if the adult from which you are receiving information is the youth’s legal guardian. Although any adult can provide referral information, the YFS Coordinator may only speak to a legal guardian to arrange the evaluation.

The referred individual’s contact information is confidential and secure; it will not be shared with third parties other than the referral source without a court order. The incident information is tracked separately from the youth’s identifying information and is used to generate reports about arson and explosives use for research purposes in collaboration with the Burn Institute and the International Association of Fire Fighters (IAFF) Youth Firesetting Database Project.

Provide to the youth’s parent/guardian via mail, e-mail or in person, the Burn Institute’s YouthFiresetter Program information sheet and ask that they contact the YFS Coordinator within 72 working hours to begin the evaluation services.

There is no cost for the Youth Firesetter Program and evaluation site options may be available.

COMPLIANCE AND REPORTING OF INFORMATION

This information should be shared with the parent/legal guardian over the phone or in person. Please confirm this information was provided by signing the document below.

- Although any adult can provide referral information, the YFS Coordinator may only speak to the youth’s parent(s) or legal guardian(s) to arrange evaluation.
- It is understood that the parent(s)/legal guardian(s) of the youth is responsible for contacting the YFS Coordinator within 72 working hours. If contact is not made within 72 working hours, the referring agency will be notified.
- The parent(s)/legal guardian(s) and youth require time to obtain an interpreter.
- The parent(s)/legal guardian(s) has a right to decline the YFS services at any time. Consequences of declining or not completing services should be addressed by the referring agency or legal counsel.
- The parent(s)/legal guardian(s) has been advised the Youth Firesetter services are free of charge.
- The parent(s)/legal guardian(s) of the referred youth has received a description of the YFS Program and contact information to reach the YFS Coordinator at the Burn Institute.

Referring Agent Name	Referring Agency	Station/Unit
Phone Number	Fax Number	E-mail
Preferred contact method: <input type="checkbox"/> phone <input type="checkbox"/> fax <input type="checkbox"/> e-mail		
Please indicate which type of confidential reports you prefer to receive and the best method for you to receive securely. <input type="checkbox"/> Limited Report <input type="checkbox"/> Non-Compliance <input type="checkbox"/> Termination <input type="checkbox"/> Other (please specify below)		



INCIDENT REFERRAL DETAILS – Please include only information for the most recent incident for which the individual is being referred.

Incident Date	Time	Location (<i>specific address</i>)	City	Zip
Intent: If the youth intentionally struck a match, used a lighter, created a spark, used fireworks, crafted an explosive device, actively engaged in online or other research activity about fire setting or explosives, engaged in encouraging another to do so, intent should be endorsed. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Use of Explosive: Any intentional detonation resulting from pressure or sudden heat release. <input type="checkbox"/> None <input type="checkbox"/> Fireworks <input type="checkbox"/> Chemical Bomb <input type="checkbox"/> Dry-ice bomb <input type="checkbox"/> Multi-Component Explosive Device <input type="checkbox"/> Other (describe below):				
Accelerants: Secondary materials used to make the fire burn hotter or faster. Use of Accelerant: <input type="checkbox"/> No <input type="checkbox"/> Yes (describe below)				
Targets: The thing(s) or person(s) intended to be burned. Target: <input type="checkbox"/> Match/Lighter/Ignition Source Only <input type="checkbox"/> Other (describe below):				
Collateral Damage: Thing(s) or person(s) which were burned or damaged incidentally without intent. <input type="checkbox"/> None <input type="checkbox"/> Yes (describe below):				
Number of Fatalities		Number of Injuries		Number of Persons Displaced
Estimated Damage Costs		Estimated Fire Service Costs		Estimated Law Enforcement Costs
What is the total estimated cost for services if known – include all expenses regardless of reimbursement: This information assists in compiling an annual report of estimated fiscal costs in San Diego County for youth fire and explosive activity.				
INCIDENT DESCRIPTION: Provide a short narrative and attach any available reports, photos, videos or documentation for this or any prior incident.				

Multiple Incident History: If the youth has ever intentionally created a flame, used fireworks unsupervised or has been present at historical incidents wherein another child was engaged in firesetting or explosives use, multiple incident history should be endorsed.

Yes No

Youth's Name (Last, First)	Age	Gender	DOB (MM/DD/YYYY)	Grade	Race
Last School Attended	Primary Language spoken at home		Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			City	Zip	
Legal Guardian (Last, First)			Relationship to Youth		
Guardian's Street Address (or same)			City	Zip	
Guardian's primary phone number			Guardian's e-mail		
2 nd Legal Guardian Name (Last, First)			Relationship to Youth		
2 nd Guardian's Street Address (or same)			City	Zip	
2 nd Guardian's Primary Phone Number			2 nd Legal Guardian's e-mail		