## Southwest Missouri Youth Fire Intervention Program Referral

## **CONFIDENTIAL INFORMATION**

Date of Incident/	Run or incident #		
Name of referring party	Phone #		
Juvenile's name			
Parent/Guardian name(s)			
Home address		_	
Phone number(H)	(W)	(C)	
Date of Birth of juvenile	SSN		
Has the juvenile had previous offenses for fit If so how many?	re setting?	Yes	or No
Reason for referral:			
The following are observations of third part	tv referrals — not auesti	ons to he ask	ed of caronive
Was the outside of the home in bad upkeep?			or No
Was the inside of the home in bad upkeep? .		Yes	or No
Does the parent/guardian appear indifferent t	towards the child?M	other Yes	or No
	Fa	ther Yes	or No
Does the parent/guardian appear hostile towa	ards the child?M	other Yes	or No
- cos and Parent Summer of Long account		ther Yes	or No
Does the child appear neglected?			
			or No
Does the child appear abused? (notify DFS	immediately if yes)	Yes	or No
Did the child lie about his/her involvement w	with the fire initially?	Yes	or No
Total dollar loss from incident? \$	Were there any injurie	s? Yes	or No

- If available, please attach copy of run report or narrative of event.
- Once completed by referring party, send to Springfield Fire Department, Attn: SWMO Youth Fire Intervention Program 864-1505 (fax) or contact Cara Erwin at (417) 864-1699 or cerwin@springfieldmo.gov