



CEDAR PARK YOUTH FIRESETTER INTERVENTION INTAKE FORM



Today's Date ▶		Incident Date (if any) ▶		Incident Time ▶	
Incident Address ▶					
Type of Incident and Case # ▶ (Be Brief... Details may be given below)					

Separate form required for each child

CHILD'S NAME ▶				
	LAST ▲	FIRST ▲	MI ▲	NICKNAME ▲
Address ▲		City, St Zip ▲	Date of Birth ▲	Age ▲ Home Number ▲
Parent's Name (Mother) ▲		Home Telephone Number ▲	Work Number ▲	Cell Phone # ▲
Parent's Name (Father) ▲		Home Telephone Number ▲	Work Number ▲	Cell Phone # ▲
Child lives with? ▲	School currently attending ▲	Grade ▲	Suspended? ▲	
Mother's E-mail Address ▶			Father's E-mail Address ▶	
Parents speak English ▶	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parents speak Spanish ▶		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child speaks English ▶	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child speaks Spanish ▶		<input type="checkbox"/> Yes <input type="checkbox"/> No
Siblings ▶	How many?		Ages:	

REFERRAL INFO

Referred by ▶ <small>(Your name)</small>			
Referring Agency ▶			
Referred to ▶ <small>(If referred by) Investigator</small>			
Your Contact Number ▶	Cell:	Work:	Home:
Details ▶			

Fill in as much information as you have available. Use back of form for additional notes. **If there is an incident report, attach it to this referral.**

Lt. Aaron Craft
 Youth Fire Prevention Coordinator
 Cedar Park Fire Marshal's Office
 512 401-5200
 Aaron.craft@cedarparktexas.gov



