



**CITY OF BUCKEYE
 FIRESETTER PREVENTION PROGRAM
 ENTRANCE RECOMMENDATION FORM**

Date: _____

Referrer's Name: _____ **Relation to Juvenile:** _____

Home Address: _____ **City:** _____ **Zip:** _____

Phone: () _____ **Fax:** () _____ **Email:** _____

Juvenile Information: (if you are not the legal guardian of the juvenile please fill out the information below and the City of Buckeye will contact the guardians to recommend participation in the program)

Name (Last, First, Middle): _____ **D.O.B:** ____ / ____ / ____

Sex: M F **Ethnicity:** Caucasian African American Hispanic Asian Native American Other: _____

Age: _____ **School:** _____ **Grade:** _____

Home Address: _____ **Phone:** _____

Does child have A.D.D., A.D.H.D., or other mental health diagnosis? _____

Legal Guardian Information:

1. Parent/Guardian Name: _____ **Relationship:** _____

Home Address: _____

Phone: H () _____ W () _____

2. Parent/Guardian Name: _____ **Relationship:** _____

Home Address: _____

Phone: H () _____ W () _____

Fire Incident Information:

Location of Incident: _____ **Date:** _____ **Incident #:** _____

Was the parent / guardian notified? Y N **Was school counselor notified?** Y N **Name:** _____

Were the others referred to the Firesetter Program? Y N **Was School Resource Officer notified?** Y N **Name:** _____

Was incident reported to the appropriate agency? Y N **Agency Name:** _____

Did either public safety agency respond? Y N **If yes, select which agency responded.** Police Department Fire Department

What was used to start the fire? (matches, lighter, etc.) _____ **How did the child obtain these items?** _____

Was child alone or with others in the fire incident? (If not alone, list additional names) _____

How was the incident brought to attention at school? _____

What type of disciplinary action will the child receive? _____

Is mandatory attendance at a Firesetter Program part of the disciplinary action? _____

Signature of Individual Making Referral: _____

I am the parent/legal guardian of _____ and I give permission for _____ School to release this information for the Buckeye Fire Department, for enrolling my child in the Youth Firesetter Program.

 Parent / Legal Guardian Signature

 Date