



**REFERRAL TO THE YOUTH FIRE-SETTER PREVENTION & INTERVENTION PROGRAM**

**Contact: Jas Shaw 530-244-7194**

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parents/Guardians \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Offense: \_\_\_\_\_ Code: \_\_\_\_\_

Suppression Costs Due: \$ \_\_\_\_\_ Cost Recovery: \$ \_\_\_\_\_

**FOR GRANT REPORTING PURPOSES ONLY**

Number in Household: \_\_\_\_\_

Female Head of Household  Yes  No

Estimated annual family income: \$ \_\_\_\_\_

Youth of Incarcerated Parent  YES  NO

City of Redding Resident  YES  NO

Disability  YES  NO

Race/Ethnicity: *Check all that apply:*

\_\_\_\_\_ White

\_\_\_\_\_ Hispanic

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Pacific Islander

\_\_\_\_\_ East Indian

\_\_\_\_\_ Other

*I agree to have my child participate in the Youth Fire-setter Prevention & Intervention Program (YFPI). In agreeing to this, I authorize the release of all information pertaining to my case between YFPI and the referring agency.*

Signature of minor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

Contact No. \_\_\_\_\_

**IF APPLICABLE PLEASE ATTACH THE  
INCIDENT REPORT/DIAGNOSIS/PHOTOGRAPHS**