Fire FRIENDS
Confidential Enrollment Packet

Youth Information

Youth First Name: _____ Middle Name: _____ Last Name _____

Age at Time of Incident: _____ Date of Birth: _____ Gender: _____

Youth Height: (X'XX" - feet/inches) _____ Youth Weight: (lbs.) _____ Race: _____

Is the Youth a Smoker? Yes or No Primary Language Spoken at Home: _____

Youth Primary Contact Phone: (_____) _____ Phone Type: Home or Cell

Youth Email Address: _____

Grade in School at Time of Incident (list advancing grade if incident occurred over summer): _____

School Name: _____

Youth Social Media Accounts used (check all that apply):

☐ None	☐ Instagram	☐ Tumblr	☐ YouTube
☐ Facebook	☐ LinkedIn	☐ Twitter	☐ Vine
☐ Google+	☐ Pinterest	☐ Other _____	

Caregiver Information

Family Type of Youth: (Birth parents, single parent divorced, adopted, etc.) _____

Primary Custodial Caregiver First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Primary Phone: (____) _____ Cell or Home Secondary Phone: (____) _____ Cell or Home

Primary Caregiver's Highest Level of Education (check all that apply):

☐ High School ☐ GED ☐ Some college ☐ BA or BS degree ☐ Masters

Secondary Custodial Caregiver First Name: _____ Last Name: _____

Email: _____

Primary Phone: (____) _____ Cell or Home Secondary Phone: (____) _____ Cell or Home

(rev. 2016-04-07 / OCFA 2021-1-19)

Youth / Family Residence

Number of Children in Primary Family/Residence: _____

Name of Sibling: _____ Age: _____ Gender_____

Name of Sibling: _____ Age: _____ Gender_____

Name of Sibling: _____ Age: _____ Gender_____

Name of Sibling: _____ Age: _____ Gender_____

Does Youth Participate in Free/Reduced Lunch Program? Yes or No

Smokers in Household? Yes or No

Health History / Youth Info

Medical Condition or Mental Health Diagnosis (check all that apply):

- ☐ None
- ☐ Alcohol/Substance Abuse
- ☐ Anxiety Disorder
- ☐ Asthma
- ☐ Attention Deficit Hyperactivity Disorder
- ☐ Autism
- ☐ Bipolar Disorder
- ☐ Conduct Disorder
- ☐ Depression
- ☐ Developmental (Intellectual) Disability
- ☐ Diabetes
- ☐ Eating Disorder
- ☐ Impulse Control (Aggression) Disorder
- ☐ Obsessive/Compulsive Disorder
- ☐ Oppositional Defiance Disorder
- ☐ Sleep Disorder
- ☐ Specific Learning Disorder
- ☐ Trauma/Stress Related Disorder (PTSD)
- ☐ Unknown
- ☐ Other (Please state): _____

Current Medical or Mental Health Treatments Being Provided (check all that apply):

- ☐ Counseling/Therapy
- ☐ Abuse / Neglect History
- ☐ Child Protective Services History
- ☐ Youth Law Enforcement History
- ☐ Family Law Enforcement History
- ☐ School Performance or Behavioral History

Other Agencies Working with Family (check all that apply):

- ☐ None
- ☐ Child/Family Services Diversion
- ☐ Juvenile Justice Law Enforcement
- ☐ Mental Health
- ☐ Unknown
- ☐ Other

Other / Details: _____

Recent (within 6 months) Stressful Event in Family (check all that apply):

- ☐ None
- ☐ Bullying/Teasing-Victim or Perpetrator
- ☐ Death of Family Member
- ☐ Economic Change in Family Income
- ☐ Loss/Death of Friend/Pet
- ☐ Move/Relocation
- ☐ New Child/Family Member
- ☐ Parental Separation/Divorce
- ☐ School Change
- ☐ Unknown
- ☐ Other(please list) _____

Other / Details: _____

Has The Youth Had Previous Firesetting Incidents? Yes or No How many fires do you know of? _____

Most Recent Fire Incident Date: _____ Incident Day of the Week: _____

Incident Time of Day: _____ Incident City: _____ Incident Zip: _____

Incident Location: _____

Ignition Source: _____ First Item Ignited: _____

Obtained Ignition Source From: _____

Accelerant(s) Used in Incident (check all that apply):

☐ None	☐ Aerosol Sprays	☐ Alcohol	☐ Butane
☐ Diesel	☐ Fireworks/Flash Powder	☐ Gasoline	☐ Gunpowder
☐ Hand Sanitizer	☐ Spray Deodorant/Hair Spray	☐ Natural Gas	☐ Propane
☐ Lighter Fluid	☐ Other Pressurized Gas	☐ Lighter Fluid	☐ Unknown

☐ Other(Please list)_____

Description of Fire Incident: (What happened?)

_____

_____

_____

_____

Was the Youth Arrested and/or Cited by Authorities? Yes or No

What was the charge? _____

Disciplinary Actions Resulting from Fire Incident: _____

Was the Youth Under the Influence of Substances at the Time of the Incident? Yes or No

Was Media or Social Media an Influence at the Time of the Incident? Yes or No

Who was the Caregiver/Guardian at the Time of the Incident? _____

Were there Associates Involved in the Incident? Yes or No

Were there injuries as a result of the incident? Yes or No

Number of People Displaced by Incident: _____ Death Resulting from Incident: Yes or No

Was there property damage as a result of the incident? Yes or No

Did the fire department respond for this fire? Yes or No

Authorization for Release, Use, and Disclosure

I, _____ ("Custodial Caregiver"), as the parent, guardian or legally authorized representative of _____ ("Youth"), hereby authorize the release and exchange of the information contained in this Confidential Enrollment Packet to and among members of the Multidisciplinary Services Team, including, but not limited to, _____("Referring Agency"), Orange County Fire Authority ("Program Administrator"), and mental health professionals and other individuals and organizations retained by the Program Administrator to administer aspects of the Program, for the specific purpose of formulating, providing, verifying and coordinating services plans for the Youth.

If requested, the Custodial Caregiver will be provided with a copy of this Confidential Enrollment Packet by Fire FRIENDS Coordinator.

☐ I hereby acknowledge receipt of a copy of this Confidential Enrollment Packet.

☐ I do not wish to receive a copy of this Confidential Enrollment Packet.

Executed on _____, _____, at _____, Orange County, California
Month and Day Year City

Custodial Caregiver Signature: _____
Parent/Guardian

Printed Name: _____

Address: _____

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