



YOUTH FIRESETTING PREVENTION & INTERVENTION PROGRAM



Client Referral Form

Date:

Referring

Agency:

Party: Address:

Email:

Office Phone:

Office Fax:

Youth Name

Nickname:

Sex: M M F

Date of Birth

Age:

Race:

County: K NC S

Street Address

City:

State: DE Zip:

Caregiver 1 Name:

Role:

Phone:

Caregiver 1 Email:

Lives w/ Youth:

Receives Texts: Y N

Caregiver 2 Name:

Role:

Phone:

Caregiver 2 Email:

Lives w/ Youth:

Receives Texts: Y N

School Name:

District:

Grade:

Individualized Education Plan: Y N

504 Plan: Y N

Mental Health Diagnosis(es):

Psychiatric Medications: Y N

Therapist Name:

Medication / Drug Name Dosage

Therapist Phone:

Office Address:

Frequency: Weekly Bi-Weekly Monthly

DPBHS Specialist: Y N

Specialist Name:

Previous Firesetting: Y N

Previous Firesetting Age(s) / Year:

Previous Firesetting -Description of Incident(s):

Was Previous Firesetting Reported/ Fire Dept Response: Y N

Recent Firesetting - Date/Month:

Incident Number:

Youth Arrested/Adjudication? Y N

Court Representative:

Recent Firesetting -Description of Incident(s):

Please note: Caregivers must be informed of the client referral and accepting of the inclusion of the youth into this program prior to referral.

Rebekah L. LePore, MS
Youth Firesetting Program Manager

Phone: 302-257-3075

Cell / Text: 302-383-9908

Fax: 302-739-3696

Email: rebekah.lepore@delaware.gov