



YOUTH FIRE STOP PROGRAM - REFERRAL FORM

Referring Agency: _____ Referring Person: _____

Are you the legal guardian: Yes No If no, list relation: _____

All Youth Fire Stop referrals must be made with the legal guardian's written consent.
 A consent form must be signed for us to meet with you and your child.

Date: _____ Time: _____ Dollar Loss if any: \$ _____

Ignition Source: (lighter, matches, other): _____ Items Ignited: _____

Is contact with child in regard to a fire setting incident the department responded to? Yes No

Child's First Name:		Last Name:	
Gender:		Birth Date:	
Parent/Guardian:			
Address:			
Home Phone:		Work Phone:	
Page/Cell Phone:			
School Name:		Teacher:	Grade:
Comment on Incident:			

For further information, contact the Public Education branch at **204-986-5449** or email at **FPS-PubEd-YFS@winnipeg.ca**.