



REFERRAL FORM

Send to: traumaburn@umich.edu
Or fax: 734-232-3833
www.traumaburn.org



Date of referral: _____ Date probation expires: _____

REFERRING AGENCY CONTACT INFORMATION

Referring person/agency: Parent Caseworker Fire Department Police Department Hospital/Clinic
 Juvenile Justice/Probation Community Agency School Other: _____

Name of referring person: _____ Agency: _____

Address: _____ City: _____

Zip code: _____ County: _____ Phone: _____

Email address: _____

CHILD REFERRED

Child's Name: _____ Gender: Female Male X Other: _____

Primary language: _____ DOB: _____ Age: _____ Grade in school: _____

Child lives with: Mother Father Foster Care Legal guardian Children/Siblings: _____

Other: _____

Smoking/Vaping in home: Yes No Working smoke alarms in home: Yes No Unsure

Referring incident: Firesetting Fire play Fireworks Explosives/Bomb/Pressure Device Accelerants
 Arson/Crime Other: _____ Has set previous fires: Yes No

Description of incident & ignition sources used (can attach incident report with details): _____

Other youth involved in incident: _____

Background information (include medical/behavioral history): None ADD/ADHD Depression/Anxiety
 Abuse/Neglect ACEs/Trauma Anger/Violence Autism Spectrum Developmental or Learning
Disability School IEP/504 Asthma Diabetes Medications Counseling Other: _____

CUSTODIAL PARENT(S) CONTACT INFORMATION: List the address where the child is currently living.

At least one custodial parent or legal guardian must attend class with the child for the entire program.

Mother: _____ Father: _____

Address: _____ City: _____ Zip: _____

Cell/Home phone: _____ 2nd phone: _____

Email address(es): _____

Previous/Current contact with Child Protective Services (CPS): Yes No

For office use only

Dates contacted: _____ Attended Did not attend/No show Close out, date: _____

Follow-up & Agency contacted: _____

Date scheduled: _____ Rescheduled date: _____