



## FIRE F.R.I.E.N.D.S.



### AUTHORIZATION FOR RELEASE, USE, AND DISCLOSURE OF CONFIDENTIAL INFORMATION AND/OR RECORDS

Each participant in the Fire F.R.I.E.N.D.S. Program (the “Program”) must sign written authorization for the gathering, disclosure, and mutual exchange of information and/or records by the Referring Agency, the Program Coordinator, and mental health professionals and other individuals and organizations administering aspects of the Program (collectively, the “Multidisciplinary Services Team”) for the purposes of developing a plan of comprehensive services and making appropriate referrals for the participant and his/her family within the Program.

I, \_\_\_\_\_ (“Representative”), as the parent, guardian or legally authorized  
Parent/Guardian Name  
representative of \_\_\_\_\_ (“Client”), hereby authorize the release and  
Juvenile Name  
exchange of confidential information and/or records to and among members of the Multidisciplinary Services Team, including, but not limited to, \_\_\_\_\_ (“Referring Agency”), Orange County  
Referring Agency Name  
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 service plans for the Client, the Client’s minor family members listed below, and myself. This confidential information to be disclosed may include name(s), birth date(s), place(s) of birth, social security number(s), physical and behavioral health information, childcare information, school information, financial information, social service information, and Program participation information.

#### NAME

#### RELATIONSHIP TO CLIENT (JUVENILE)

_____	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____

I hereby authorize the Referring Agency and the Program Administrator and their respective employees, contractors, agents, and volunteers, to view, copy, release, and exchange the following information and/or records via oral conversations, written reports and/or electronic transmissions:

- ☐ Summary of related medical, psychiatric, psycho-social, developmental, educational, and drug and alcohol histories
- ☐ Medical diagnosis, assessment and evaluation
- ☐ Psychiatric diagnosis, assessment and evaluation
- ☐ Fire setting risk assessment and evaluation
- ☐ Drug and/or alcohol abuse
- ☐ Service treatment plans
- ☐ Other(s): \_\_\_\_\_

I understand that these records are protected under State and Federal confidentiality statutes and regulations, and cannot be disclosed without my written consent, unless otherwise provided for in the statutes or regulations. I also understand that I may revoke this authorization at any time, except to the extent that action has been taken in reliance on it. To revoke this authorization, I understand that I must make my request in writing and clearly state that I am revoking this specific authorization. In addition, I must sign my request and deliver it to the Program Administrator.

All children 12 years of age and older must give informed consent to release drug/alcohol records. I consent to release of my drug/alcohol records (if applicable):

Juvenile Signature: \_\_\_\_\_

**I also understand that:**

1. If the Client's child care custodian possesses a reasonable suspicion that the Client has been abused, then the custodian is a mandated reporter as provided in Penal Code Section 11166 and is required to report this reasonable suspicion to the child protective services agency and/or a law enforcement agency as appropriate.
2. If the Client, in the opinion of the Client's psychotherapist, presents a serious danger of violence to a reasonably foreseeable victim or victims as provided in the subdivision (r) of Section 5328 of the Welfare and Institutions Code, then any of Client's information or records may be released to that person or persons and to law enforcement agencies as the psychotherapist determines is needed for the protection of that person or persons.

3. Every member of the Multidisciplinary Services Team who receives Client information or records is under the same privacy and confidentiality penalties as the person disclosing or providing the information or records. The information or records obtained pursuant to this authorization shall be maintained in a manner that ensures the reasonable protection of privacy and confidentiality rights.

4. I release the Referring Agency and the Program Administrator, and their respective employees, contractors, agents, and volunteers from any and all liability arising from this release of records and/or information.

5. This authorization is valid for two years from the date of signing, or if later, the date of Client's completion of the Program.

I hereby acknowledge receipt of a copy of this authorization.

Executed on \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_  
Month and Day Year City, County, State

Client Signature: \_\_\_\_\_  
Juvenile

Representative Signature: \_\_\_\_\_  
Parent/Guardian

Printed Name: \_\_\_\_\_

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

Referring Agency Signature: \_\_\_\_\_  
Firefighter, Investigator, or other representative

Printed Name: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

The client has a right to receive a copy of this authorization (Civil Code 56.10) and a photocopy of this document is as valid as the original.

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**FIRE F.R.I.E.N.D.S.**  
**CONFIDENTIAL ENROLLMENT FORM**



Note: Fields marked with an asterisk (\*) are required for enrollment

<b>Interviewer Information (Firefighter, Investigator, or other agency representative)</b>		
* Your Name (First and Last)		* Today' Date
Agency	Division / Station	* Phone Number

<b>Child Information</b>	
* Child's Name (First and Last)	
* Birth Date	
*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Other: _____

<b>Family</b>		
* Custodial Parent/Guardian Name (First and Last)		
*Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other biological-relative <input type="checkbox"/> Foster <input type="checkbox"/> Court Ward		
Does Custodial parent/guardian Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some		If no English is spoken by parent/guardian, what language? <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____
* Current Living Address (Number and Street)		
* City	* State	* Zip
* Home Phone	* Work Phone	Cell Phone
E-mail Address		
* Child's current living situation <input type="checkbox"/> 2-parent biological <input type="checkbox"/> Single parent <input type="checkbox"/> Step family <input type="checkbox"/> Foster family <input type="checkbox"/> Group home <input type="checkbox"/> Other biological relative		

Additional Family Information			
Other Parent/guardian (First and Last)			
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other biological-relative <input type="checkbox"/> Foster parent			
Current Living Address (Number and Street)			
City		State	Zip
Home Phone	Work Phone		Cell Phone
E-mail Address			

Additional Personal Information			
Alias or Nickname			
Scars, Marks, or Tattoos			
Approx Height	Approx Weight	Hair Color	Eye Color
Driver License #			Issuing State
Social Security Number			

Offense/Firesetting Incident		
Agency	Report #	Thomas Bros #
Describe Offense	Date of Offense	Time of Offense
Location of Offense		
Was Juvenile Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Agency Name	Report #
Is there a sanctions agreement mandating that the child completed Fire Friends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Person for Mandate	Mandated Completion Date

School Information		
Name of School	Grade	Status <input type="checkbox"/> Enrolled <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled



# FIRE F.R.I.E.N.D.S. INITIAL FIRE ASSESSMENT SURVEY



Interviewer Name (First and Last)	Date of Interview
Child's Name (First and Last)	Date of Birth

Based on the best available information:

## Degree Of Involvement

1. What was the juvenile's **degree of involvement** with the current fire incident (*mark one*)?

- ☐ This juvenile actively set the fire and was alone
- ☐ This juvenile actively set the fire as part of a group involved with the fire
- ☐ This juvenile did not actively set the fire, but was part of a group involved with the fire
- ☐ This juvenile's degree of involvement is unknown, questionable, or in dispute

## Frequency

2. How many fire related incidents involving this juvenile (including the most recent episode) are reported by the juvenile, the juvenile's parents, or other available informants? This includes all fire experimentation with peers or alone, and all fire setting behavior with peers or alone.

- ☐ 1 or 2 times
- ☐ 3 to 4 times
- ☐ More than 4 times

## Intent

3. With regard to all past and current fire related behaviors, indicate what the juvenile intended to set on fire in each fire related incident (*mark all that apply*). Has this juvenile ever:

YES NO

- ☐ ☐ lit and watched the flame on a match or lighter
- ☐ ☐ lit an appropriate fire (e.g., a candle or barbecue)
- ☐ ☐ lit a small piece of paper, small object, toy, or twig (unattached to a plant) on fire, or singed an object
- ☐ ☐ lit a small controlled vegetation fire (such as a small pile of leaves or twigs, or a part of a large plant)
- ☐ ☐ lit a bonfire (such as a large paper fire, wood-fueled fire, trash can or dumpster fire)
- ☐ ☐ lit an accelerant by itself or lit an accelerant on any other type of fire (e.g., small fire, bonfire, wildfire, etc.)
- ☐ ☐ lit on fire the personal property of another person, such as a peer, classmate, or family member
- ☐ ☐ lit on fire an unoccupied structure, or unoccupied vehicle
- ☐ ☐ lit an uncontrolled wildfire
- ☐ ☐ lit on fire an occupied structure, or occupied vehicle
- ☐ ☐ lit a fire to injure or kill an animal or person

## Outcome

4. Has any of the juvenile's fire related behavior resulted in any of the following **outcomes**? (*mark all that apply*)

YES NO

- ☐ ☐ lighting on fire an unoccupied structure, or unoccupied vehicle
- ☐ ☐ lighting an uncontrolled wildfire
- ☐ ☐ lighting on fire an occupied structure, or occupied vehicle
- ☐ ☐ lighting a fire that injured or killed an animal or person

## Field Determination of Intervention

Fire FRIENDS will make a determination of the level of intervention necessary (1-hour or 6-hour fire education course) for the juvenile. Sometimes a fire investigator in the field will have a "gut feeling" about a fire incident that may not be reflected on this form. Check one or both boxes if you wish to request one or both of the following interventions:

☐ A 6-hour fire safety education course

☐ A Behavioral Health Fire Risk Evaluation

Briefly explain concerns: \_\_\_\_\_