



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?

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 **204-986-6320**.

Please print out the completed form and email to FPS-FP-Publiced@winnipeg.ca or fax it to **204-986-6198**.