



Oregon JUVENILE with FIRE Screening Tool Support Materials

- Release of Information Form
- Safety Contract
- Fire Questionnaire for the Older Youth
- Safe/Unsafe Fires Activity Sheets



Distributed by Oregon Office of State Fire Marshal
Oregon Department of State Police
Juvenile Firesetter Intervention Unit
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Contents

Release of Information Form

This form is used in Oregon in the Department of Human Services. (Other jurisdictions may have their own form.) As of July 2007, the form was available for download on the Department of Human Services Web site in several languages: Spanish, Russian, Vietnamese, Chinese, Cambodian, Korean, Laotian, Romanian, and Bosnian. The Web address is: <http://dhsforms.hr.state.or.us/forms/databases/FMPRO>

Safety Contract

This form outlines safety precautions for the child and family. It is recommended that you select one or more items for the family to complete. Note that some families use candles for religious or cultural purposes. In that case, be prepared to help them do it safely by using battery-powered or electric candles or by placing the candle holder in a bowl of sand.

Have the family sign the form: make a copy for them and put a copy in your files. While one cannot predict a child's future firesetting behavior, the fire service can make sure that the family was given fire safety and fire survival information at the time of the interview.

Fire and Life Safety Questionnaire

This activity sheet was designed for the middle school aged youth. It can assist the interviewer in assessing the educational level of the youth, which can be helpful in assigning reading or writing homework assignments.

Safe/Unsafe Fires

This is an activity sheet for the younger age child. These are drawings of fire situations with suggested discussion questions for the interviewer printed on the back. The situations can facilitate discussion with the child and aid the interviewer in assessing the child's knowledge level and attitudes about fire. The drawings can be copied and given to the child to color if an activity is needed.



Authorization for Use & Disclosure of Information

This form is available in alternative formats including Braille, computer disk, and oral presentation.

Section A	Legal Last Name	First	MI	Date of Birth
	Other Names Used By Client/Applicant			Case ID#

By signing this form, I authorize the following record holder (individual, school, employer, agency, or medical or other provider) to disclose the following specific confidential information about me:

Section B	Release From	Specific Information to be Disclosed	Mutual Exchange: Yes / No

If the information contains any of the types of records or information listed below, additional laws relating to use and disclosure may apply. I understand that this information will not be disclosed unless I place my initials in the space next to the information:

HIV/AIDS _____ Mental Health _____ Alcohol/Drug diagnoses, treatment, referral _____ Genetic Testing _____

Section C	Release To (address required if mailed) If releasing to a team, list members	Purpose	Expiration Date or Event*

I can cancel this authorization at any time. The cancellation will not affect any information that was already disclosed. I understand that state and federal law protects information about my case. I understand what this agreement means and I approve of the disclosures listed. I am signing this authorization of my own free will.

I understand that the information used and disclosed as stated in this authorization may be subject to re-disclosure and no longer protected under federal or state law. However, I also understand that federal or state law may restrict re-disclosure of HIV/AIDS, mental health, and drug/alcohol diagnosis, treatment, or referral information.

Section D	Full Legal Signature of Individual OR Authorized Personal Representative	Relationship to Client	Date
	Name of Staff Person (print)	Initiating Agency Name/Location	Date

*** The authorization is valid for one year from the date of signing unless otherwise specified.**

Full Legal Signature of Agency Staff Person Making Copies	This is a true copy of the original Authorization document.
Print Staff Name	

See Important Information on Page 2 of This Form →

Important Information for the Client

To provide or pay for health services: If the Department of Human Services (DHS) is acting as a **provider** of your health care services or paying for those services under the Oregon Health Plan or Medicaid Program, you may choose not to sign this form. That choice **will not** adversely affect your ability to receive health services, *unless* the health care services are solely for the purpose of providing health information to someone else and the authorization is necessary to make that disclosure. (Examples of this would be assessments, tests or evaluations.) Your choice not to sign **may affect** payment for your services if this authorization is necessary for reimbursement by private insurers or other non-governmental agencies.

This authorization for use and disclosure of information **may also be necessary** under the following situations:

- To determine if you are eligible to enroll in some medical programs that pay for your health care
- To determine if you qualify for another DHS program or service not acting as a health care provider

This is a Voluntary Form. DHS cannot condition the provision of treatment, payment, or enrollment in publicly funded health care programs on signing this authorization, except as described above. However, you should be given accurate information on how refusal to authorize the release of information may adversely affect eligibility determination or coordination of services. If you decide not to sign, you may be referred to a single service that may be able to help you and your family without an exchange of information.

Using This Form

1. **Terms Used: Mutual exchange:** A “yes” allows information to go back and forth between the record holder and the people or programs listed on the authorization. **Team:** A number of individuals or agencies working together regularly. The members of the team must be identified on this form.
2. **Assistance:** Whenever possible, a DHS staff person should fill out this form with you. **Be sure you understand the form before signing.** Feel free to ask questions about the form and what it allows. You may substitute a signature with making a mark or by asking an **authorized** person to sign on your behalf.
3. **Guardianship/Custody:** If the person signing this form is a personal representative, such as a guardian, a copy of the legal documents that verify the representative’s authority to sign the authorization must be attached to this form. Similarly, if an agency has custody, and their representative signs, their custody authority must be attached to this form.
4. **Cancel:** If you later want to cancel this authorization, contact your DHS staff person. You can remove a team member from the form. You may be asked to put the cancellation request in writing. Federal regulations do not require that the cancellation be in writing for the Drug and Alcohol Programs. No more information can be disclosed or requested after authorization is cancelled. DHS can continue to use information obtained prior to cancellation.
5. **Minors:** If you are a minor, you may authorize the disclosure of mental health or substance abuse information if you are age 14 or older; for the disclosure of any information about sexually transmitted diseases or birth control regardless of your age; for the disclosure of general medical information if you are age 15 or older.
6. **Special Attention:** For information about **HIV/AIDS, mental health, genetic testing or alcohol/drug abuse treatment**, the authorization must clearly identify the specific information that may be disclosed.

Re-disclosure: Federal regulations (42 CFR Part 2) prohibit making any further disclosure of Alcohol and Drug information; state law prohibits further disclosure of HIV/AIDS information (ORS 433.045, OAR 333-12-0270); and state law prohibits further disclosure of mental health, substance abuse treatment, vocational rehabilitation and developmental disability treatment information from publicly funded programs (ORS 179.505, ORS 344.600) without specific written authorization.

Child/Parent Responsibility Contract

This contract outlines several steps both children and their parents/caregivers can take to prevent firesetting behavior in the home. Taking these steps will increase safety in the home, they may not eliminate all fire risks and are not a substitute for parent/caregiver supervision.

THE YOUTH (initial on line)

_____ I will not have matches, lighters, cigarettes, lighter fluid, other flammable liquids, fireworks, or aerosol cans such as hair spray.

_____ I will submit to searches of myself and my property by my parent or caregiver. (This includes both personal property and spaces such as my bedroom, backpack, fort, car, etc.)

_____ I will complete a fire escape plan for my family and practice it with my parent or caregiver.

_____ I will tell an adult if I find matches or lighters.

_____ I will not play with friends who engage in any form of fire activity.

Other _____

Youth _____

Date _____

THE PARENT

_____ I will install and maintain working smoke alarms in every room of the home.

_____ I will install and maintain a working, Class 2A-10BC, fire extinguisher for every level of the home and garage.

_____ I will store all matches, lighters and fireworks where the youth can't get them, preferably a locked cabinet.

_____ I will lock up all flammable chemicals such as turpentine, gasoline, lighter fluid or charcoal starter for barbecues.

_____ I will use only a child-resistant lighter if a smoker and keep it on my person at all times.

_____ I will conduct routine searches of the youth's bedroom and possessions for matches or lighters.

_____ I will monitor the youth's access to the Internet for information that shows how to modify fireworks, manufacture destructive devices or youths misusing fire in some way.

_____ I will give permission to other children in the home to tell on someone who misuses fire.

_____ I will increase supervision of the youth. The youth will also not be allowed to be alone or unsupervised in other youths' homes.

- _____ I will set firm rules that any child in the house should not touch matches, lighters, the stove, barbecue lighters, flares, fireworks or any other object that could potentially set a fire.
 - _____ I will set fire safety rules and consequences for breaking them. I will discuss the rules and consequences with my child to check for understanding.
 - _____ If my family uses candles for cultural or religious purposes, I will use battery-powered or electric candles, or will create a safer environment for a real candle by placing the candle holder in a bowl of sand.
 - _____ I will complete a home fire safety checklist obtained from the local fire department.
 - _____ I will forbid youth to watch shows, videos or Internet sites with fire themes or scenes.
 - _____ I will remove closets doors to eliminate a hiding place.
- Other _____

Parent or Guardian _____

Date _____

Interventionist _____

Date _____

*Removing the risk today prevents the fires of tomorrow.
Provided by the Office of State Fire Marshal, June, 2001*

Fire and Life Safety Questionnaire

Name _____

1. Describe the fire. Tell what happened. Who was involved? What methods were used to start the fire?

2. On a scale from 1 to 10, how much responsibility for the firesetting is yours?
1 (no responsibility) - 10 (full responsibility)

3. List four things you could have done to stop yourself from starting the fire.

1) _____

2) _____

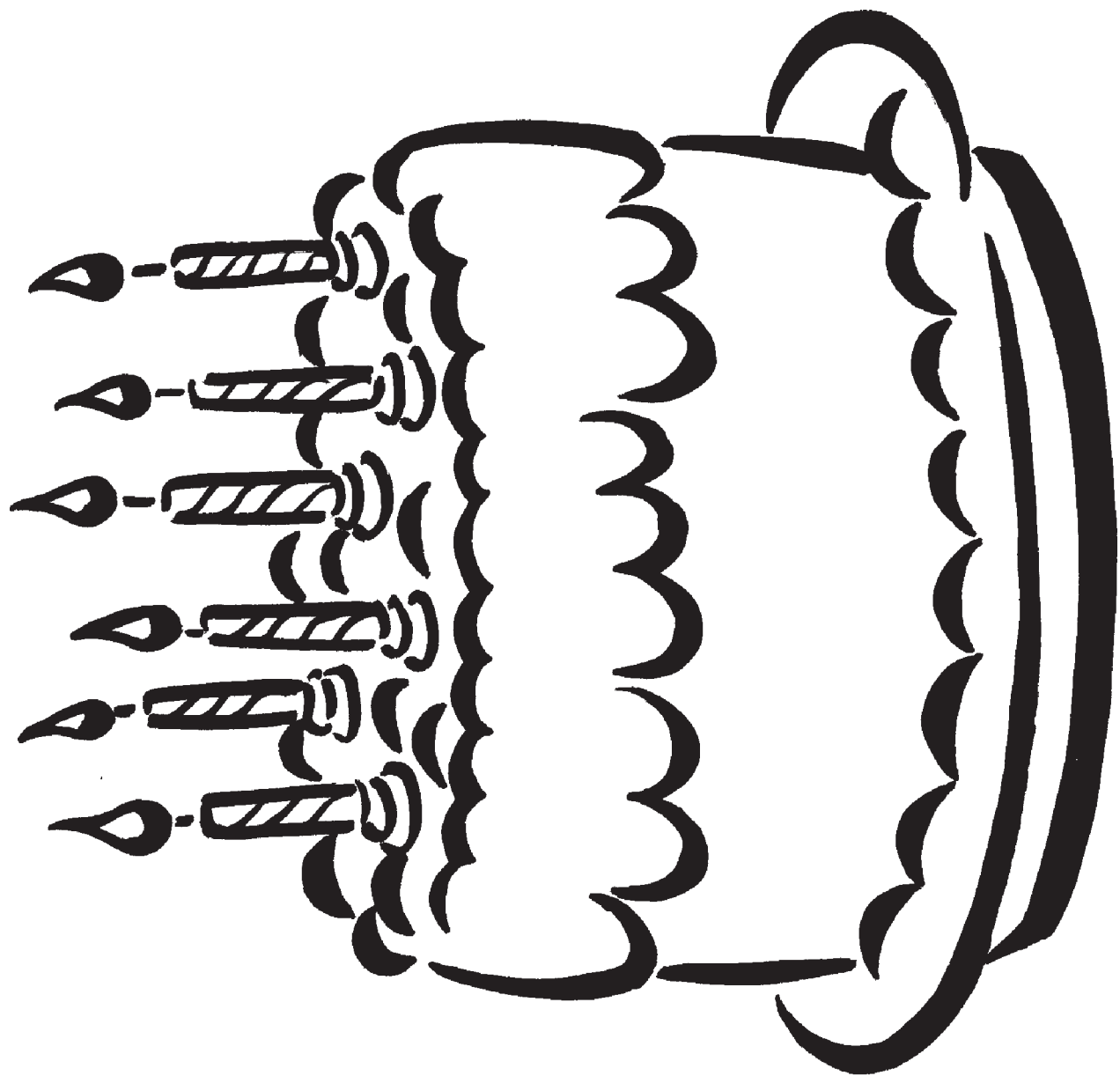
3) _____

4) _____



Questions to explore:

- 1) Is this a safe fire or unsafe fire?
- 2) How do you think this fire started?
- 3) What kind of threats does this fire present?
- 4) What do you think the helicopter is doing?
- 5) Do you know what three things you need for this fire to happen?



Questions to explore:

- 1) Should you play with toys and paper around the cake?
- 2) Is this a safe fire or unsafe fire?
- 3) Who should/would light the candles?
- 4) What should you do with the candles after they are blown out?
- 5) Where should candles and matches be stored?
- 6) Should the cake be moved after the candles are lit?
- 7) What could happen if a lit candle fell from the cake?
- 8) What would be used to light the candles?
- 9) Should something be available to put a fire out if one happens?
- 10) Should you unwrap birthday presents close to lighted candles?
- 11) Should you let your baby sister/brother near the candles?



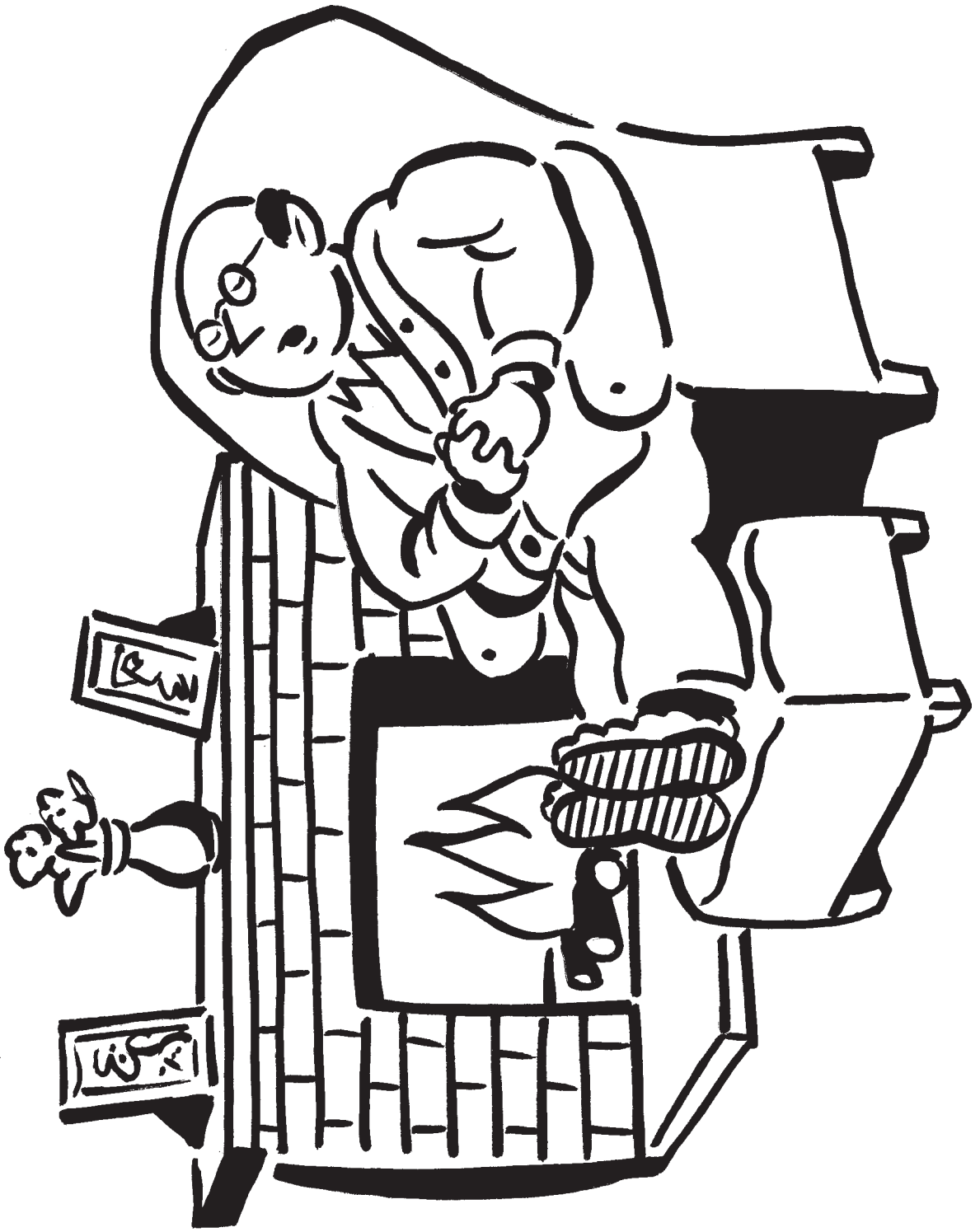
Questions to explore:

- 1) Tell me what you see in this picture?
- 2) Does this fire seem safe or unsafe?
- 3) Tell me three things that would make this safer?
- 4) How old do you think these kids are?
- 5) Is it okay for them to do this fire by themselves?
- 6) Should they be this close to the fire?
- 7) Should they be barefoot?
- 8) How could this fire be put out safely?
- 9) How are you going to get the marshmallow when it falls in the fire?
- 10) If the boy needs to leave the campfire for a while, what should he do with his stick?



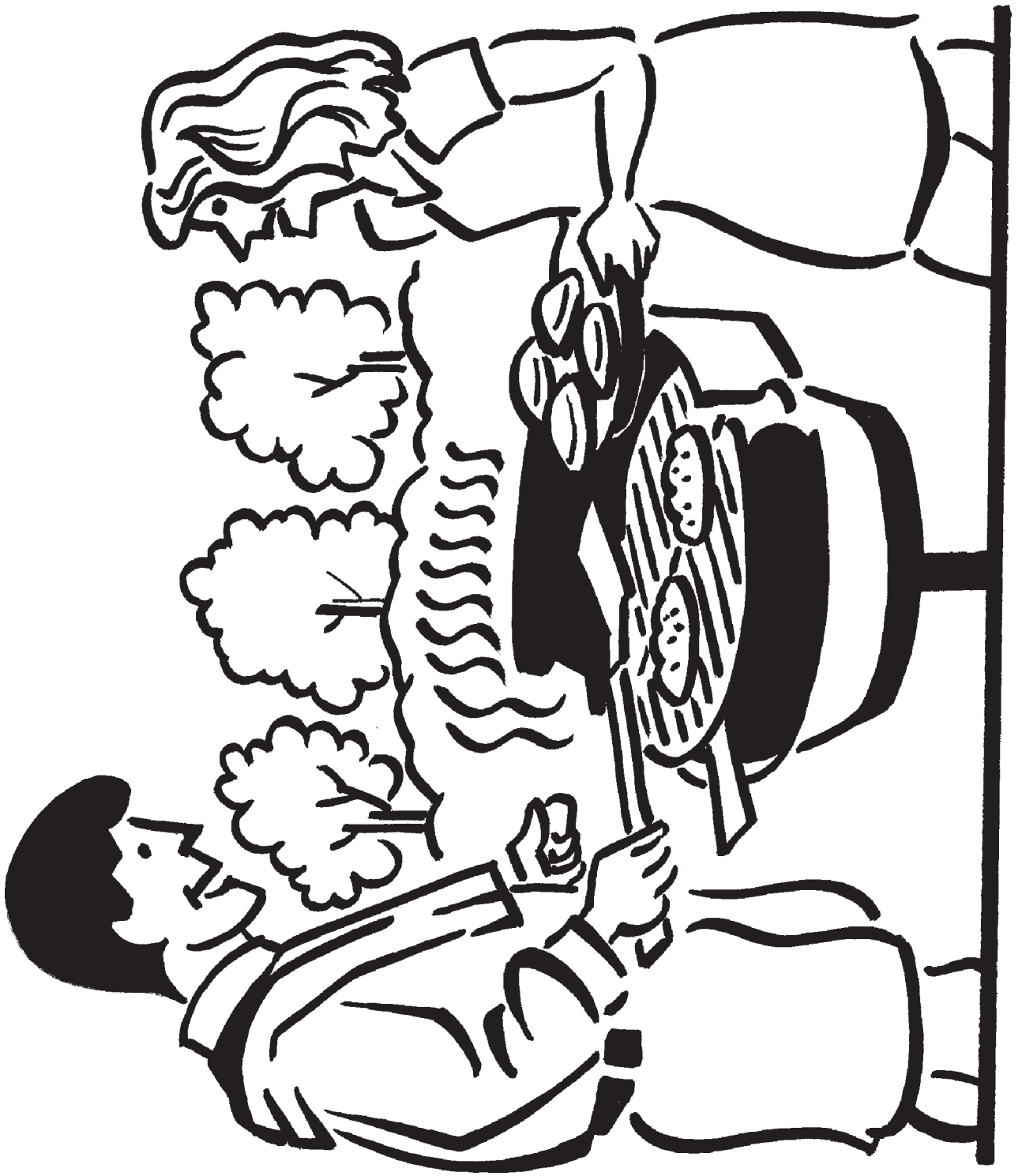
Questions to explore:

- 1) What is the person doing?
- 2) Is fire being used as a tool or a toy?
- 3) What might happen if you touched the stove?
- 4) Is it okay for you to cook? Why or why not?
- 5) What might happen if no one was watching the pan?
- 6) What else should the person have nearby in case of fire?



Questions to explore:

- 1) Is this a safe or unsafe fire? Why?
- 2) Are any safety items missing? (grate for fireplace)
- 3) Do you think there is a smoke alarm in the home?
- 4) Do you think this man is sure to keep his chimney clean?
- 5) Is it important to keep the chimney clean? Why or why not?



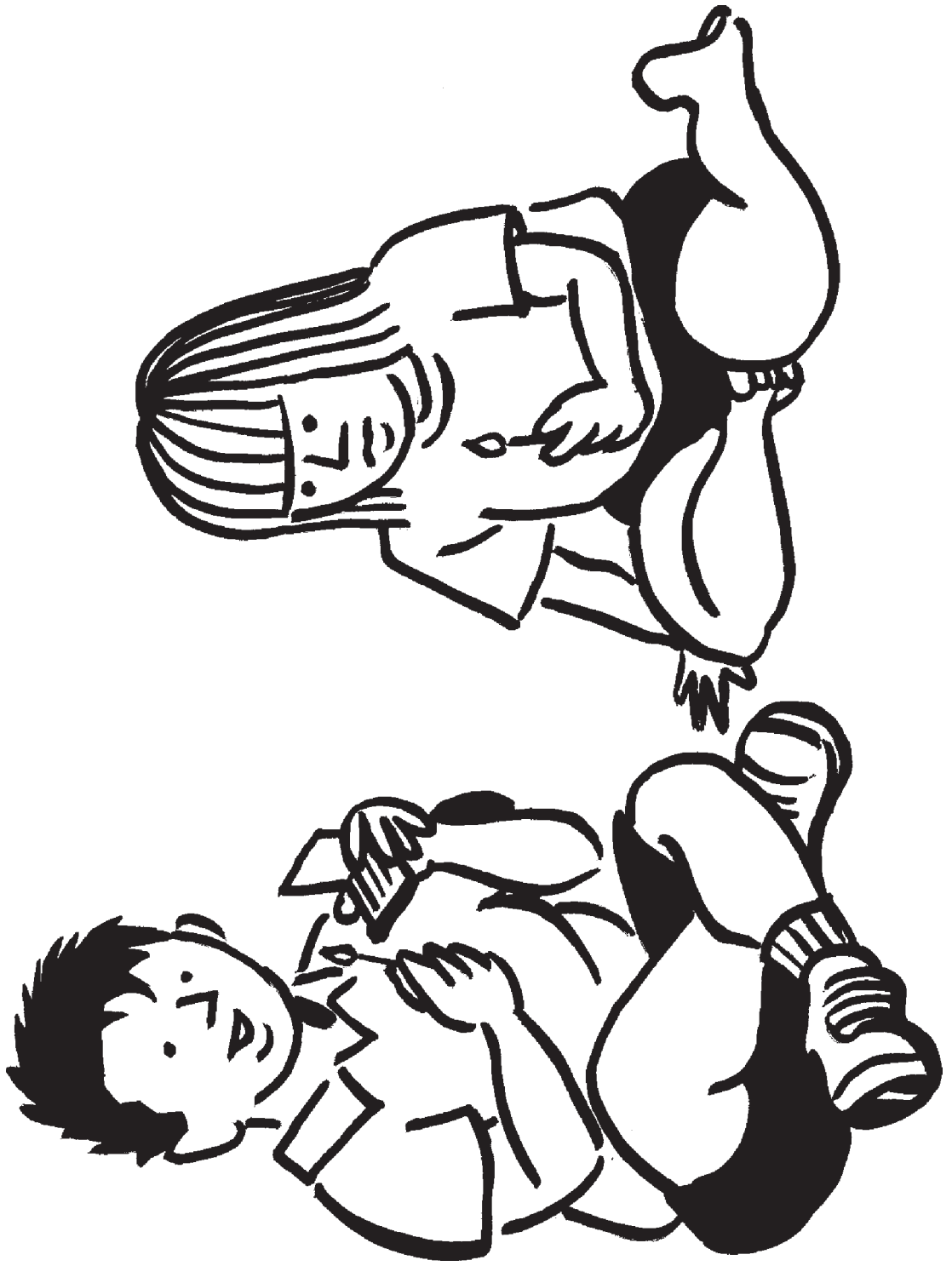
Questions to explore:

- 1) Tell me about this picture? What are the people doing?
- 2) Is this a safe fire or unsafe fire?
- 3) Where could this be?
- 4) How do you suppose they make this fire? What did they use?
- 5) Does your family cook out?
- 6) Who starts the fire?
- 7) Do you ever help? How?
- 8) Do you see anything unsafe in this picture?
- 9) What should the people do after they're done cooking?
- 10) What would be some good safety tips for these people or for children who are there?



Questions to explore:

- 1) Can you tell me a story about this picture?
- 2) What happened?
- 3) How did the fire start?
- 4) Could anyone be hurt?
- 5) Do you know anyone who had a fire in their home?
- 6) What are the firemen doing?
- 7) What is going to happen next?
- 8) How could you/a child/adult have stopped this from happening?



Questions to explore:

- 1) What are these kids doing?
- 2) What could happen?
- 3) Are kids supposed to light matches? Are kids supposed to light matches without an adult present?
- 4) Have you ever lit matches or used a lighter by yourself?
- 5) Do you have siblings/friends who play with fire?
- 6) What would you do if your clothes caught on fire?
- 7) If you saw these kids playing with fire what would you do? Would you tell someone?



Questions to explore:

- 1) Tell me about this picture?
- 2) Is this a safe or unsafe fire?
- 3) What would you do if you saw this happening?
- 4) Do you know how to shut off the stove or oven if it is left on?
- 5) Are you allowed to cook on the stove?
- 6) Do you or your parents use oven mitts when cooking/baking?
- 7) Do you know the safe position for a cooking pan handle? Why is this a safe position?
- 8) Does the kitchen in your house have fire extinguishers? Where are they?

