

MAYOR'S GANG PREVENTION INITIATIVE

Participant Referral Form

Hotline: 621-2353 Fax: 621-6219
Address: P.O. Box 1271, Fresno, CA 93715



Participant's Name (First and Last): _____

DOB: (Required) _____ **Age:** _____ **Race:** _____ **Sex:** _____

Name of Gang - Affiliation/Associates With (Required): _____

Address: _____ **Apt.:** _____ **City:** _____ **Zip:** _____

Home Phone # (Required): _____ **and/or Cell #:** _____

School: _____ **Grade:** _____

Referral Reasons: Must check at least one box that directly applies to person being referred. *(Describe in detail)*

<input type="checkbox"/>	Self Admits Gang Membership	<input type="checkbox"/>	Arrested w/ Gang Member or Associate
<input type="checkbox"/>	Associates with Gang Members	<input type="checkbox"/>	Writes Gang Graffiti
<input type="checkbox"/>	Gang-Related Tattoo	<input type="checkbox"/>	Displays Gang Behavior
<input type="checkbox"/>	Wears Gang Colors	<input type="checkbox"/>	Misc.

Is the participant aware that you are making this referral? ___ Yes ___ No

If a minor, is the parent/guardian aware that you are making this referral? ___ Yes ___ No

If a minor, state the parent/guardian name: _____

Is participant on Probation/Parole? (Please circle jurisdiction) ___ Yes ___ No

If yes, state Probation/Parole Agent's Name _____

Referral Source

Name: _____

Telephone/VM: _____ **Date:** _____

If you would like to be updated when/if this participant leaves or is not eligible for the MGPI program, please provide your mailing address below:

Address _____

City _____ State _____ Zip _____

Please check one: Email _____

<input type="checkbox"/> MAGEC	<input type="checkbox"/> Patrol / DCST- CE	<input type="checkbox"/> SRO	<input type="checkbox"/> Parent/Guardian
<input type="checkbox"/> Bulldog Tac Team	<input type="checkbox"/> Patrol / DCST - SE	<input type="checkbox"/> Life Skills	<input type="checkbox"/> Self
<input type="checkbox"/> West Fresno Tac Team	<input type="checkbox"/> Patrol / DCST - NE	<input type="checkbox"/> Comm. Recruiter	<input type="checkbox"/> MGPI Participant
<input type="checkbox"/> Parole	<input type="checkbox"/> Patrol / DCST - NW	<input type="checkbox"/> School Staff	<input type="checkbox"/> Other _____
<input type="checkbox"/> Probation	<input type="checkbox"/> Patrol / DCST - SW	<input type="checkbox"/> Service Provider	

Date Entered by MGPI Staff _____

Date Sent to Assessment: _____