



MAYOR'S GANG PREVENTION INITIATIVE

Participant Referral Form

Fresno Police Department

Hotline: 621-2353 Fax: 228-0593

Email: mgpi@fresno.gov

Address: 3030 N. Maroa Ave. Suite 204 Fresno, Ca. 93704

Participant's Name: _____

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

Gang Affiliation or associates with (Required): _____

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

Home Telephone: (Required) _____ **Cell: (Required)** _____

School: _____ **Grade:** _____

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

<input type="checkbox"/>	Self Admits Gang Membership	<input type="checkbox"/>	Writes Gang Graffiti	<input type="checkbox"/>
<input type="checkbox"/>	Associates with Gang Members	<input type="checkbox"/>	Displays Gang Behavior	<input type="checkbox"/>
<input type="checkbox"/>	Wears Gang Colors	<input type="checkbox"/>	Misc.	<input type="checkbox"/>
<input type="checkbox"/>	Gang-related Tattoo	<input type="checkbox"/>		<input type="checkbox"/>

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

Is the parent/guardian aware that you are making this referral? _____ Yes ___ No

If minor state parent/guardian name: _____

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

Probation/Parole Agent's Name _____

Referral Source

Name: _____

Telephone/VM: _____ Date: _____

Please check one:

<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 Received by MGPI Staff _____

Date Sent to Assessment: _____