



VIOLENCE INTERVENTION & COMMUNITY SERVICES

Participant Referral Form

Hotline: 559-621-2353 Email: MGPI@fresno.gov

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: _____ **City:** Fresno **Zip:** _____ **Email:** _____

Preferred Contact Number: _____ **and/or Cell #:** _____

School: _____ **Grade:** _____

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

Self Admits Gang Membership		Arrested with Gang Member or Associate	
Associates with Gang Members		Writes Gang Graffiti	
Gang-Related Tattoo/Markings		Other	
Wears Gang Colors/Attire/Insignia			

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

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: _____ **Email:** _____

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

Please Mark One:

<input type="checkbox"/> MAGEC	<input type="checkbox"/> Patrol / VCIT – SW	<input type="checkbox"/> Probation	<input type="checkbox"/> Parent/Guardian
<input type="checkbox"/> YLO	<input type="checkbox"/> Patrol / VCIT - SE	<input type="checkbox"/> Parole	<input type="checkbox"/> Self
<input type="checkbox"/> SRO	<input type="checkbox"/> Patrol / VCIT - NE	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Other
<input type="checkbox"/> FPD Special Unit	<input type="checkbox"/> Patrol / VCIT - NW	<input type="checkbox"/> School Staff	