



Whole Hearts, Minds & Bodies

Whole Hearts, Minds, Bodies Referral Form

Name of youth being referred: _____

Age: _____ Gender: Male Female Other

Referring Party (if other than parents)

Name: _____ Relationship to youth: _____

Agency/Organization (if applicable) _____

Are you available to talk about this referral? _____

Phone: _____ email: _____

Family Information:

Name of parent(s)/guardian(s) _____

Address: _____
(Street and Number)

(City) (State) (Zip)

Parent(s)/Guardian(s) phone: _____ May we contact parents? _____

Whole Hearts, Minds, and Bodies is often able to serve families who can not directly pay for services, but we seek family support whenever possible. What is your understanding of family's current ability to pay for services?

Able to pay for services _____ Able to cover a portion of costs _____ Not able to pay _____ Unsure _____

Please describe reasons for the referral. What are the specific needs of this young person? What possible benefits do you see from this referral participating in Whole Hearts, Minds, and Bodies?

Do not email this form to anyone. Use the following upload link to return the form to us securely.

<http://sierraexperience.org/upload/>

Call Greg Bernstein, 530.426.2110, if you have questions or problems uploading the file.

Gateway Mountain Center – *Where Youth Learn, Heal and Thrive!*

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The Gateway Mountain Center is a project of Social and Environmental Entrepreneurs, a 501(c)3 non-profit public charity.