

**Guide by your side**

**Program**

* ***We provide:***
	+ Opportunity to meet other families
	+ Unbiased Support
	+ Firsthand personal experience
	+ Compassion
	+ Resources
	+ Notice of upcoming events
	+ Someone to listen and talk to
* ***For Whom?***
	+ New Mexico families who have a child with a hearing loss or a hearing loss is suspected
* ***Cost:***
	+ Free!

505-357-0344 English

505-357-0345 Spanish

**Send Referral to:**

parentgroup@hvnm.org or Carmen@hvnm.org

 **Hands & Voices New Mexico**

 ***GBYS Referral Form***

Referred by:       Date:

Mother Last Name:       First Name:

Father Last Name:       First Name:

Child Name:       Birthday/Age:

**Other siblings:**

Child Name:       Birthday/Age:

Child Name:       Birthday/Age:

School Name:

Primary Language: English [ ]  Spanish [ ]  ASL [ ]  Other

Hearing Type of Hearing Loss:

Technology: None [ ]  Hearing Aids [ ]  CI [ ]  Baja [ ]  FM [ ]  Other

**Preferred Contact Info:**

Phone:       Text:

Email:

Address:

Comments:

Preferred day & time: Sun [ ]  Mon [ ]  Tue [ ]  Wed [ ]  Thu [ ]  Fri [ ]  Sat [ ]

       AM       PM