

**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](mailto:parentgroup@hvnm.org) or [Carmen@hvnm.org](mailto: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