



Mountain Mentors Program Referral Form

Referral To:

Mountain Mentors 8-18 years old

- One on One Mentoring / Shawna Gogolen 668.9182
Shawna.Gogolen@SummitCountyCO.gov
- One on One Mentoring / Lauren Gearhart 668.9184
Lauren.Gearhart@SummitCountyCO.gov
- One on One Mentoring / Alex Rae Cooper 668.9735
AlexRae.Cooper@SummitCountyCO.gov

Teen Programs (12-18 years old)

- Lauren Gearhart 668.9184 Lauren.Gearhart@SummitCountyCO.gov
- The Drop (Teen Center)
- Healthy Choices Class (7th grade)

Program Supervisor – Shawna Gogolen 668.9182

Shawna.Gogolen@SummitCountyCO.gov

Date: _____ Referred by: _____ School: _____

Referred person/s _____ Birthday _____

Family/Parents Name: _____

Mailing Address: _____

Physical Address: _____

Town of Residence: _____

Phone Number: _____

LIST ALL FAMILY MEMBERS	DATE OF BIRTH

How was the family informed about our services? _____

Reason for referral? _____

Check all that apply:

- Special Needs _____
- Communication Skills/Social Skills
- Academic Deficiency
- Separated from family or friends
- Temporary disruption in family stability
- Want to learn more
- New to the community
- Need parenting Resources
- Developmental delay(s) _____
- Spanish Speaking
- Other (Please specify) _____

- Referral discussed with parent(s) Yes No

Please receive verbal permission from the parent/guardian OR have them sign below:

I give permission for information to be shared within programs of Summit County Human Services. This information will be kept confidential within Summit County Human Services.

Signature: _____ Date: _____

Please Email to Mentors@summitcountyco.gov

or

Fax to 970-668-9188

or

Mail to PO Box 4326, Frisco, CO 80443