



Referral To:

Mountain Mentors 8-16 years old

- One to One Mentoring / Rebecca Dowd (970) 668-9735**
Rebecca.Dowd@SummitCountyCO.gov
- Spanish Speaking One to One Mentoring / Natalia Ruiz 668.9196**
Natalia.Ruiz@SummitCountyCO.gov

Teen Programs (6th-12th grade)

- The Drop - Teen Center (970) 409-8700**

Program Supervisor – Naaila Ahmad (970) 668-9182

Naaila.Ahmad@SummitCountyCO.gov

Date: _____ Referred by: (name) _____ Relation to student: _____

Referred student/s _____ Birthday: _____

School: _____ Grade: _____

Family/Parents Name: _____

Mailing Address: _____

Physical Address: _____

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

Mail to PO Box 4326, Frisco, CO 80443

***Attending a Mountain Mentors informational night is required before staff will conduct an in-home enrollment interview with the family. Info nights are offered monthly.**