



Washington Hands & Voices Guide By Your Side Program

Providing unbiased, emotional support and resources by trained Parent Guides to families with children with hearing loss



Please Fax or Mail to:

Address: 2950 Newmarket St., Suite 101-124, Bellingham, WA 98226 FAX: (360) 715-9970

Attn: Guide By Your Side Program

Email: GBYS@wahandsandvoices.org

Phone: (425) 268-7087

- I want to be matched with a Parent Guide
 - I want more information about Guide By Your Side and resources.
- Please contact me: day in 2 weeks in 1 month

Parent Name(s) _____

Child's name _____ D.O.B. _____

Address _____ City _____ Zip _____

Phone# Cell _____ Home _____ Email _____

Best time to contact me _____

Ethnicity: ___ LatinX/Hispanic ___ Black/African American ___ Native American/Inuit ___ Asian/Pacific Islander ___ Non White
___ White ___ Other ___ Wish not to reply (This information allows us to apply for grants to support more families)

I authorize WA State/County early intervention provider, Children with Special Health Care Needs provider, Family Resources Coordinator, Audiologist, Speech Language Pathologist, Teacher of the Deaf, Listening and Spoken Language provider, EI Primary Service provider, Specially Trained D/HH provider, or my primary care provider to release my name, address, phone number, and e-mail to Washington Hands & Voices Guide By Your Side program so that I may receive information regarding Guide By Your Side program including resource information and parent support provided to families of children diagnosed with or suspect a hearing loss.

Signature _____

Relationship to child _____

Date _____ Verbal Consent _____

Provider notes _____

Left ear _____ Right ear _____ Addt. info _____

Provider Contact _____

Name

Phone

Fax

___ Yes ___ No
Confirmation of referral requested?