



BIAF Individual Mentor Program Referral Form

Check one:

- The following person is interested in being matched with a mentor.
 The following person is interested in becoming a mentor.

Contact Information:

Name: _____

Address: _____

Phone #: (home) _____ (work) _____

Best place to contact: _____ Best time to contact: _____

How is the person you are referring related to a person with a brain injury?

Referral Source:

Your Name: _____

Your Place of Work: _____

Address: _____

Telephone #: _____ Fax #: _____

Please mail or fax this form to: Brain Injury Assn of Florida
1900 Main St. Ste 212
Sarasota, Fl. 34236
(ph) 941-953-5988 ext 307
(fax) 941-366-5890

If you have questions about the program or would like to talk about someone who may be interested in the program, please contact *Dale Santella, Mentor Coordinator @ 941-953-5988 ext 307*