

A Liberated Mind Alliance (ALMA) Inc. Program Referral Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: ____ County: _____ Zip Code: _____

Contact Phone Number: _____ Email Address: _____

Employment status: _____ Highest level of education _____

Do you currently receive public assistance (SNAP, TANIF, WIC, etc.)

Is there a documented disability _____ (If so, please explain and attach work plan)

Please indicate which workshop/program you are interested in

Refine Your Grind Work Readiness Workshop _____

Mind Over Money Matters Financial Workshop _____

Mind Over Matters Mental Psychoeducation Program _____

STEM Training and Entrepreneurship Program _____

DOVE Release Program _____

Please return to:

Teresa Burge
A Liberated Mind Alliance (ALMA) Inc.
135 Moran Lake Road
Rome, GA 30161