



Visual Arts Center

24 Amelia Drive, Nantucket, MA, 02554 508-228-0722

Healing in the Arts REFERRAL FORM

Dear Artists Association of Nantucket,

I am referring _____ for a free art class/workshop at the AAN through Nantucket Cottage Hospital's Healing in the Arts program which is made possible with the generous support of the Nantucket Cottage Hospital's Community Health Initiative grant.

I understand that my client, patient, student, employee, or congregant will benefit physically, mentally, and/or spiritually by actively participating in the arts as a way to develop and maintain well being. I support their intention to engage in art as a mindful and expressive process that develops a problem solving mindset, reduces stress, and encourages healthy social interaction.

Signed: _____ date: _____

Organization or Business : _____

Address: _____

Email & Phone _____

Referee Email & Phone: _____

Referee or Referring care provider may return this form to the front desk at the Visual Art Center on 24 Amelia Drive, or electrically scan and email to elizabeth@nantucketarts.org

THANK YOU!