**PHOENIX CLUBHOUSE REFERRAL FORM**

*Clubhouse Membership Criteria*

1. *18+ years of age*
2. *History of mental illness*
3. *Membership is open to anyone who does not pose a significant and current threat to the general safety of the Clubhouse Community*
4. *Membership will require individual to have a Mental Health intake completed*

**Referral Organization Information:**

|  |  |
| --- | --- |
| Referral Date:Click or tap to enter a date. | Is the individual aware of the referral?[ ] Yes [ ] No |
| Referred by:Click or tap here to enter text.Agency/Relationship to individual:Click or tap here to enter text. | Referent Phone #:Click or tap here to enter text. |
| What kind of insurance does the individual have:[ ]  Medicaid [ ]  Private Insurance Click or tap here to enter text. [ ]  No Insurance |

**Referred Individuals Information:**

|  |  |
| --- | --- |
| Name of referred individual: Click or tap here to enter text.Preferred Name: Click or tap here to enter text.DOB/Age: Click or tap here to enter text.Gender: Choose an item.Resident of Lewis County: [ ]  yes [ ]  no | Address:Click or tap here to enter text.Phone:Click or tap here to enter text.Email Address:Click or tap here to enter text. |
| Race: Choose an item.Bi-Racial/Other race (specify): Click or tap here to enter text.Preferred Language: Click or tap here to enter text. | Highest Grade Level Completed:Choose an item. |
| Does the individual being referred have an existing mental health diagnosis? [ ]  Yes [ ]  NoPlease list any known diagnoses and diagnosis date: Click or tap here to enter text. |
| Is the individual already receiving services for mental health? [ ]  Yes [ ]  NoIf yes, where? Click or tap here to enter text. |
| Please select the main reason(s) for referral:[ ]  Education[ ]  Employment [ ]  Health & Wellness[ ]  Community Events[ ]  Healthy Relationships and Self Worth[ ]  Purpose & Confidence  |
| Additional Notes: Click or tap here to enter text. |

\*This Clubhouse may be required by Medicaid to obtain an Assessment and Treatment Plan on all referrals.