**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  No  Please list any known diagnoses and diagnosis date: Click or tap here to enter text. | |
| Is the individual already receiving services for mental health?  Yes  No  If 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.