**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: | Is the individual aware of the referral?[ ] Yes [ ] No |
| Referred by:Agency/Relationship to individual: | Referent Phone #: |
| What kind of insurance does the individual have:[ ]  Medicaid [ ]  Private Insurance :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  No Insurance |

**Referred Individuals Information:**

|  |  |
| --- | --- |
| Name of referred individual: Preferred Name: DOB/Age: Gender: [ ]  Male [ ]  Female [ ]  Trans-Male [ ] Trans-Female [ ]  Prefer Not To Answer Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident of Lewis County: [ ]  yes [ ]  no | Address:Phone:Email Address: |
| Race: [ ]  Caucasian/White [ ]  African American [ ]  Hispanic [ ] Native American/Alaska Native Bi-Racial/Other race (specify): Preferred Language:  | Highest Grade Level Completed: |
| Does the individual being referred have an existing mental health diagnosis? [ ]  Yes [ ]  NoPlease list any known diagnoses and diagnosis date:  |
| Is the individual already receiving services for mental health? [ ]  Yes [ ]  NoIf yes, where?  |
| Please select the main reason(s) for referral:[ ]  Education[ ]  Employment [ ]  Health & Wellness[ ]  Community Events[ ]  Healthy Relationships and Self Worth[ ]  Purpose & Confidence  |
| Additional Notes:  |