



Prospective Member Referral Form

The Clubhouse of St. Joseph County is a supportive community for people whose lives have been interrupted by mental illness. We provide opportunities for employment, education, and wellness.

Treatment providers may refer adults diagnosed with a serious mental illness to the Clubhouse of St. Joseph County. A member's serious mental illness must be their primary disability. Individuals may have other developmental or intellectual disabilities, medical, brain, substance abuse, conditions in addition to their serious mental illness, but among them, the serious mental illness must be the primary condition or disability. New referrals will be reviewed by Clubhouse staff, and they will reach out to the prospective member directly to discuss next steps. Tours are available anytime between 10 am and 2 pm. daily. Email completed referral forms or questions to: info@clubhousesjc.org

This section, page 1 can be completed by the prospective member.

Name of prospective member: _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email address _____

Date of Birth _____ Age _____

Referral Name _____

Agency _____

Address _____

Phone _____

Today's Date _____

Areas of Support I am seeking at Clubhouse (please check below):

- Housing Employment Education Wellness

(For Clubhouse use) Date received and recorded _____ / _____ / _____

Primary Psychiatric Diagnosis(es) _____

Secondary Psychiatric Diagnosis(es) _____

Substance Abuse Issues _____

Medication _____

Present/Previous Treatment Programs _____

Is there any history of developmental disability? Yes No

Is there any history of cognitive impairment or intellectual disability? Yes No

Is there any history of a TBI or Traumatic Brain Injury? Yes No

If you answered yes, to any of the previous 3 questions, please note whether mental illness or which one of the previous 3 areas is this person's most pronounced/significant disability.

What is this person's approximate emotional maturity age or age range? _____

Vocational/Educational history _____

Current living situation _____

Is individual a risk to others? (if yes, please explain) _____

Has individual ever been in jail or on probation and why _____

Case Manager _____

Phone _____

Physician _____

Phone _____

Psychiatrist _____

Phone _____

Therapist _____

Phone _____

Other Treatment Provider _____

Phone _____

Signature of referral source _____