



# PROSPECTIVE MEMBER REFERRAL FORM/APPLICATION

## Our Mission

Fresh Start Clubhouse is an intentional working community for adults living with mental illness that focuses on wellness and abilities.

The Clubhouse promotes recovery through opportunities for members to work, learn, and contribute their talents to our community of mutual support.

## Eligibility Criteria for Membership:

1. Must have a **primary diagnosis** of a serious mental illness (formerly Axis 1) such as **depression, bipolar, schizoaffective, or schizophrenia**. Functional impairment is due to SMI.
2. Must indicate an interest in rehabilitation/recovery goals (e.g. employment, education, housing, or social network goals).
3. Must be 18 years of age or older.
4. Must be able to independently meet self-care and safety needs. As individuals are free to come and go as they like from the clubhouse, they must possess the necessary safety skills and judgment to move about the community without constant or one-on-one supervision.
5. Cannot currently pose a threat to the Clubhouse community or themselves.
6. Must be a client of Washtenaw County Community Mental Health.
7. Must have had a scheduled formal tour of the Clubhouse within the 6 months prior to applying for membership. To schedule a tour, please call 734-929-9992.

**Please do not submit referrals for consumers who have not yet toured the Clubhouse.**

*To be referred for membership, the referral form must be completed and signed. We would like all prospective members to complete this application with the person recommending them. There are spaces for signatures on the last page of the application.*

*The Director of Fresh Start will review the referral form then, upon approval, Member Services will contact the prospective member for Orientation.*

***Please mail in, hand deliver, or fax referral form to 734-929-9997***



# PROSPECTIVE MEMBER REFERRAL FORM/APPLICATION

## Prospective Member Contact & Demographics

check here if application is for a returning member

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

E.II ID: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

**Tour** Date Fresh Start tour was completed: \_\_\_\_\_

**Referral Source**  Case Manager  Therapist  CRS  Residence

Other (please specify): \_\_\_\_\_

## Medical & Psychiatric Contacts

Case Mgr: \_\_\_\_\_

Program/Team: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Home Mgr: \_\_\_\_\_

Phone: \_\_\_\_\_

Qualifying Psychiatric Diagnosis(es): \_\_\_\_\_

\_\_\_\_\_

**Guardianship/Payees**

Do you have a guardian?                      No                      Yes

Guardian's name: \_\_\_\_\_ Guardian's phone: \_\_\_\_\_

Do you have a payee?                      No                      Yes

Payee's name: \_\_\_\_\_ Payee's phone: \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Are you able to be independent and manage your own self-care and safety needs?** *Fresh Start cannot provide one-to-one staff support. Members must have enough self-agency to make decisions about their own behavior and participation.*

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**In your own words, why would you like to become a member of Fresh Start Clubhouse?**

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**What recovery goals would you like to work on at Fresh Start Clubhouse?**

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These questions will assist us in getting to know you better *(please answer the questions thoroughly)*.

**EVERYDAY LIFE:** What is a typical day like for you?

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Are you happy with how you are spending your time?      Yes    No

**HOBBIES:** What do you enjoy doing in your free time?

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**TALENTS/SKILLS:** What are you good at doing?

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**FAMILY:** Tell us about your family.

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**FRIENDS:** What is your social situation like? Do you have supports?

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Is there anything else you would like us to know about you?

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The remaining sections are mainly multiple choice and help us create a picture of our membership for administrator, funders, and accrediting bodies. This information is used in aggregate to demonstrate the needs and successes of our members. Your answers here will not impact your eligibility for membership.

**EMPLOYMENT:**

**1. Are you currently employed?**

Supported Employment      Independent Employment      Self Employment      Not Working

If yes:

What is the name of your employer/company? \_\_\_\_\_

Approximate date you began working there: \_\_\_\_\_ Hourly wage: \_\_\_\_\_

Average number of hours worked per week: \_\_\_\_\_

What type of work do you do?

Clerical      Janitorial      Food Service      Retail      Professional

Other: \_\_\_\_\_

If no:

Have you worked before (ever)?    Yes    No      Have you worked in the last year?    Yes    No

Are you interested in working?    Yes    No

**2. Do you receive any community employment supports?**

MRS      MAP      Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**EDUCATION:**

**3. What is the highest level of education you've completed?**

Some high school      GED      High School Diploma      Vocational Certificate

Associates    Bachelors    Masters    PhD/Professional    Post Doc

Other: \_\_\_\_\_

**EDUCATION (cont.):**

4. Are you currently enrolled in school? Yes No

If yes, where do you go to school? \_\_\_\_\_

What are you going to school for? GED Vocational Certificate Associates

Bachelors Masters PhD/Professional

Post Doc Other: \_\_\_\_\_

5. Are you interested in going to school? Yes No Already going to school

If yes, why do you want to go to school?

GED College Degree Better Job Personal Development

Other: \_\_\_\_\_

6. Do you receive any community education supports?

Washtenaw Literacy Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**HOUSING:**

7. Who do you currently live with?

Live Alone Spouse or Partner Family Friends Roommates

Other: \_\_\_\_\_

8. What is your current housing situation?

Own my house/apartment Rent my house/apartment Live with family

Group Home Homeless Other: \_\_\_\_\_

9. Have you been homeless in the past year?

Yes No

10. Do you pay market rate or do you receive any kind of housing subsidy?

Market rate Section 8 Income-based rent Other: \_\_\_\_\_

**HOUSING (cont.):**

**11. Do you receive any community housing supports?**

CLS      Avalon      Home Health Aide      Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**TRANSPORTATION:**

**12. How do you get around town?**

drive my own car      drive someone else's car      public transit (bus or A-Ride)      walk      bike  
home staff      ride with others      Cab or Uber      Other: \_\_\_\_\_

**13. Do you pay for your own transportation**      Yes      No      I pay part of my transportation expenses

**14. Do you receive any other community transportation supports?**

AAATA Travel Trainer      Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**GOVERNMENT BENEFITS:**

**15. Do you receive any government benefits? Circle all that apply**

Medicare      Medicaid      SSI      SSDI      Bridge Card/Food Stamps      Healthy Michigan/ACA  
VA/Veterans Benefits      Other: \_\_\_\_\_

**HEALTH & WELLNESS:**

**16. How many times have you had a psychiatric hospitalization in the last 6 months?**

0 hosp.      1 hosp.      2 hosp.      3 or more hosp.

**17. Do you have any health issues?**

Hearing Impairment      Visual Impairment      Physical Disability      HIV      Other health issues

**18. How would you describe your tobacco use?**

No tobacco use      Mild tobacco use      Moderate to severe tobacco use      Former user  
no longer using

HEALTH & WELLNESS (cont.):

19. How would you describe your alcohol use?

No alcohol use      Mild alcohol use      Moderate to severe alcohol use      Former user  
no longer using

20. How would you describe your drug/other substance use?

No drug use      Mild drug use      Moderate to severe drug use      Former user  
no longer using

21. How often do you exercise?

Not at all      1-3 times per week      4-5 times per week      6-7 times per week

*It is very important that all components of this application are complete. Any missing or incomplete components will, unfortunately, delay the application process. Please be sure the application is signed by both the prospective member and the referral source.*

\_\_\_\_\_  
Prospective Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referral Source Signature

\_\_\_\_\_  
Date

*If you have any questions or need assistance, please contact Fresh Start Clubhouse.*

*Please return this completed form to:*

*Fresh Start Clubhouse  
Attn: Summer Berman  
2051 S. State St.  
Ann Arbor, MI 48104  
p. 734-929-9992  
f. 734-929-9997*