



Clubhouse Application Form

Applicant Demographic Information					
First Name:	Last Name:		Alias:	Date of Birth:	
SSN:	Phone Number:		Email:		
Street Address:		Apt #:	Borough:	State:	Zip Code:
Gender: <div>Male Transgender man Intersex Unknown</div> <div>Female Transgender woman Non-binary/Gender non-conforming</div>					
Race (check all that apply): <div>American Indian or Alaskan Native</div> <div>Asian</div> <div>Black or African American</div> <div>Native Hawaiian or Pacific Islander</div> <div>White (includes Middle Eastern and North African)</div> <div>Other: _____</div> <div>Declines to answer</div> <div>Unknown [no information available]</div>			Hispanic/Non-Hispanic: <div>Hispanic or Latino/Latina</div> <div>Non-Hispanic or Non-Latino/Latina</div> <div>Declines to answer</div> <div>Unknown [no information available]</div>		
Language					
Primary Language: <div>English American American Sign Language Hindi</div> <div>Spanish Korean Urdu</div> <div>Creole and Pidgins French Greek</div> <div>Chinese Polish Arabic</div> <div>Mandarin Russian Other: _____</div> <div>Cantonese Italian</div>			English Proficiency: <div>Does not speak English</div> <div>Poor</div> <div>Fair</div> <div>Good</div> <div>Excellent</div> <div>Unknown</div>		

Mental Health Diagnosis

Verification of SMI diagnosis in the form of a psychiatric or psychosocial evaluation must be provided.

Current Diagnosis (check all that apply):

- Schizophrenia
- Schizoaffective disorder (all types)
- Schizophreniform disorder
- Other specified schizophrenia spectrum and other psychotic disorder
- Unspecified schizophrenia spectrum and other psychotic disorder
- Brief psychotic disorder
- Delusional disorder
- Bipolar disorder (all types)
- Other specified bipolar and related disorder
- Unspecified bipolar and related disorder
- Major depressive disorder (all types)
- Unspecified depressive disorder
- Posttraumatic stress disorder
- Obsessive compulsive disorder
- Panic disorder
- Agoraphobia
- Generalized anxiety disorder
- Anorexia nervosa
- Other (Please list): _____

Letter of attestation confirming an SMI diagnosis

If a psychiatric or psychosocial evaluation with a specific SMI diagnosis is not available, a letter of attestation from an external licensed mental health professional which attests that the individual has an SMI diagnosis may be provided in lieu of the specific diagnosis.

Employment and Education											
Highest education level on enrollment: No high school diploma/GED/TASC GED or TASC High school diploma Business, vocational, or technical training Some college but no degree Associate's degree Bachelor's degree Graduate degree Unknown Other: _____		Current Employment Status: Paid competitive full-time (35+ hrs/week) Paid competitive part-time Supported employment Transitional employment Temporary, seasonal, or per diem Employed (Unknown details) Paid internship Volunteer Not employed but looking for employment Not employed and not looking for employment Not employed (Unknown Details) Unknown Other: _____									
Have you worked for pay in the last 12 months? Yes No Unknown		Have you ever worked for pay? Yes No Unknown									
Current Living Situation											
Adult home Private residence	Supportive housing Homeless (living in shelter)	Homeless (living on the street) Other: _____									
What is the applicant's goal(s) in joining the Clubhouse?											
Please indicate Applicant's goal(s) areas in joining the Clubhouse (check all that apply): <table border="0"> <tr> <td>Community/Socialization</td> <td>Health & Wellness</td> <td>Benefits/Entitlements</td> </tr> <tr> <td>Education</td> <td>Referrals to other services, such as clinical treatment or legal</td> <td>Housing</td> </tr> <tr> <td>Employment</td> <td></td> <td>Other: _____</td> </tr> </table>			Community/Socialization	Health & Wellness	Benefits/Entitlements	Education	Referrals to other services, such as clinical treatment or legal	Housing	Employment		Other: _____
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Education	Referrals to other services, such as clinical treatment or legal	Housing									
Employment		Other: _____									

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Additional Contacts					
Secondary Contact Name	Relationship:	Phone Number:	E-mail:		
Tertiary Contact Name:	Relationship:	Phone Number:	E-mail:		
Statement of Clubhouse Community Integration and Safety Assurance					
<p>Clubhouses are, above all, a community of people who are working towards a common goal to get their lives back, in a caring and safe environment. As such, please confirm the following via the check box below:</p> <p style="margin-left: 40px;">The individual referred (or self if this is a self-referral) presently and actively seeks to be a part of such a community, and would not be a jeopardy to the safety of the Clubhouse community.</p>					
Clubhouse Selection and Referral Source Information					
<p>Clubhouse selection:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>Bronx</p> <p>Goodwill Industries of Greater NY & NJ, Lantern House – Hunts Point/Mott Haven</p> <p>Fountain House, Bronx – Hunts Point/Mott Haven</p> <p>Venture House, Bronx – Crotona/Tremont</p> <p>Brooklyn</p> <p>Brooklyn Community Services, Greater Heights</p> <p>Venture House, Brooklyn – Ocean Hill/Brownsville/E Flatbush</p> <p>Services for the Underserved, Brooklyn – Williamsburg/Bushwick</p> </td> <td style="vertical-align: top; width: 50%;"> <p>Manhattan</p> <p>Fountain House, Midtown</p> <p>Fountain House, Central Harlem</p> <p>New York Disaster Interfaith Services, Elements-Manhattan Lower East Side</p> <p>Phoenix House</p> <p>Queens</p> <p>Goodwill Industries of Greater NY & NJ, Citiview Connections - Long Island City/Astoria</p> <p>Venture House, Queens – Jamaica</p> <p>Staten Island</p> <p>Venture House, Staten Island</p> </td> </tr> </table>				<p>Bronx</p> <p>Goodwill Industries of Greater NY & NJ, Lantern House – Hunts Point/Mott Haven</p> <p>Fountain House, Bronx – Hunts Point/Mott Haven</p> <p>Venture House, Bronx – Crotona/Tremont</p> <p>Brooklyn</p> <p>Brooklyn Community Services, Greater Heights</p> <p>Venture House, Brooklyn – Ocean Hill/Brownsville/E Flatbush</p> <p>Services for the Underserved, Brooklyn – Williamsburg/Bushwick</p>	<p>Manhattan</p> <p>Fountain House, Midtown</p> <p>Fountain House, Central Harlem</p> <p>New York Disaster Interfaith Services, Elements-Manhattan Lower East Side</p> <p>Phoenix House</p> <p>Queens</p> <p>Goodwill Industries of Greater NY & NJ, Citiview Connections - Long Island City/Astoria</p> <p>Venture House, Queens – Jamaica</p> <p>Staten Island</p> <p>Venture House, Staten Island</p>
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<p>Referring agency or person (indicate self if this is a self-referral):</p>					
<p>Referring program type (indicate n/a if this is a self-referral and Clubhouse if another Clubhouse):</p>					
<p>Name of individual making referral (indicate Self if this is a self-referral):</p>					
Phone # of person making referral:	E-mail of person making referral:	Fax # of person making referral:			



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Referral date:	If transferring from another Clubhouse, initial enrollment date (if unknown, enter n/a):	
Clubhouse Decision		
Admission decision: Admitted – able to enroll Admitted – enrollment delayed Decision pending - waiting on documentation Not admitted	Reason for non-admission (if applicable): After initial conversation, individual is not interested in becoming a Clubhouse member No SMI Diagnosis Referred to another Clubhouse	Decision date: If admitted, Clubhouse EMR ID: