



Prospective Member Referral Form

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 (Axis 1) diagnosis of a serious mental illness, such as depression, bipolar, or schizophrenia.
2. Must be a resident of Washtenaw County.
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 around the community without constant or one-on-one supervision.
5. Cannot currently pose a threat to the Clubhouse community or themselves.
6. Must indicate an interest in rehabilitation/recovery goals.

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 back of the application.

The Director of Fresh Start will review the referral form then 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

Prospective Member

First Name: _____ MI: _____ Last Name: _____

E.II ID: _____ DOB: _____

Phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Referral Source

☐ Case Manager

☐ Therapist

☐ Psychiatrist

☐ Residence

☐ Other (please specify): _____

Medical & Psychiatric Contacts

Case Mgr: _____

Program/Team: _____

Phone: _____

Email: _____

Psychiatrist: _____

Phone: _____

Therapist: _____

Phone: _____

Home Mgr: _____

Phone: _____

Other: _____

Phone: _____

Emergency Contacts

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Psychiatric Diagnosis(es)

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

EVERY DAY LIFE: What is a typical day like for you?

Are you happy with how you are spending your time? _____

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

TALENTS/SKILLS: What are you good at doing?

EMPLOYMENT: What is your employment history? Are you interested in working?

EDUCATION: Are you interested in furthering your education?

HOUSING: How is your housing situation?

TRANSPORTATION: How do you get around town?

HEALTH: How is your general health?

FAMILY: Tell us about your family.

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

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

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

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

Legal History

Have you been convicted of a misdemeanor? YES NO

Have you been convicted of a felony? YES NO

Do you have any history of violent behavior? YES NO

If any of these were answered “yes,” indicate dates, behaviors, precipitants, legal actions, etc.

Date	Behavior	Precipitants	Legal Action

Substance Abuse History**Alcohol****Drugs**

Do you have a history of alcohol or drug abuse? YES NO

YES NO

Are you currently in treatment or a support group? YES NO

YES NO

Behavioral or Other Concerns:

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
2051 S. State St.
Ann Arbor, MI 48104
p. 734-929-9992
f. 734-929-9997*