



# PROSPECTIVE MEMBER REFERRAL PROCESS

## How to Refer Someone to Fresh Start Clubhouse for Psychiatric Rehabilitation Services:

1. Ensure consumer meets our **eligibility criteria** (reverse). Clubhouse services are not appropriate for consumers who exhibit:
  - a. Behaviors that would threaten or pose a current health and safety risk to themselves or others
  - b. A severity of symptoms requiring a more intensive level of treatment
  - c. Behaviors that disrupt the daily work of the Clubhouse
  - d. Behaviors that require excessive redirection and/or monitoring
2. Call Fresh Start (734.929-9992) to **schedule a tour**. Please note that Clubhouse services are currently offered in a hybrid format and tours may be in person, over the phone, or via Zoom, depending on the needs of the individual. Tours will culminate with a debriefing to answer questions and assess potential interest and fit with our program. Referrals will not be approved if the prospective member has not had a tour.
3. If, after the tour, the consumer is interested in membership, **Case Manager and prospective member fill out the Fresh Start Referral together**. The referral form can be downloaded from [freshstartclubhouse.org](http://freshstartclubhouse.org).
4. **Fax or interoffice mail the referral form and the consumer's IPOS and BPS including proof of diagnosis** to Fresh Start (734.222.3461), Attention: Fresh Start Director
5. If, upon review by the Director, the application is complete and the prospective member meets eligibility criteria, **Fresh Start will call the prospective member to schedule orientation**. The case manager will also be notified of the outcome of their referral.
6. During orientation, our staff will help the new member **develop Clubhouse recovery goals** and an anticipated attendance schedule.
7. Fresh Start then will **send an authorization request to the Case Manager** with the new member's goals and a request for a specific number of units to be authorized in CRCT. Thank you for your prompt authorization.

***Thank you for your referral to Fresh Start Clubhouse!***



# MEMBERSHIP ELIGIBILITY CRITERIA

## Eligibility Criteria for Membership at Fresh Start Clubhouse:

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/MMI, not IDD or unmanaged personality disorder.
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 pose a threat** to the Clubhouse community or themselves. This includes risk of physical violence as well as damage to the collegial nature of the Clubhouse community.
6. Must be a client of **Washtenaw County Community Mental Health**.
7. Must have **had a tour** with a staff member of the Clubhouse within the 6 months prior to applying for membership. To schedule, please call 734.929.9992.

## Our Mission

**Fresh Start Clubhouse: A Member-Led Community Empowering People with Mental Illness**

## Our Vision

**We envision a world where all people living with mental illness lead healthy, productive lives and have equal opportunity.**

# PROSPECTIVE MEMBER REFERRAL FORM/APPLICATION

## Prospective Member Contact Information & Demographics

check here if application is for a returning member

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Nickname/Preferred Name: \_\_\_\_\_

Preferred Pronouns: *she/her/hers* *they/them/theirs* *he/him/his* other: \_\_\_\_\_

CRCT ID: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Cell: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

Preferred Method(s) of Contact: *phone* *text* *email* *Facebook* other: \_\_\_\_\_

**Tour** Date Fresh Start tour was completed: \_\_\_\_\_ *(referral will not be reviewed prior to tour)*

**Referral Source**  CMH Case Manager  Therapist  CRS  Residence

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

## Medical & Psychiatric Contacts

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

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

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

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

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

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

\*Functional impairment must be due to SMI/MMI, not IDD or unmanaged personality disorder. See eligibility criteria p.2

**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.*

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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    Somewhat

**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 administrators, 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?**

N/A      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

Some college      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?**

N/A Washtenaw Literacy Other: \_\_\_\_\_

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

**HOUSING:**

**7. What is your current housing situation?**

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

Group Home Houseless/Inadequate Housing Other: \_\_\_\_\_

**8. Who do you currently live with?**

Live Alone Spouse or Partner Family Friends Roommates

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

**9. Have you been homeless/houseless in the past year?**

Yes No

**10. Do you receive any kind of housing subsidy?**

N/A Section 8 Income-based rent Other: \_\_\_\_\_

**HOUSING (cont.):**

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

N/A      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?**

N/A      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: \_\_\_\_\_

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

**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?**

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



**HEALTH & WELLNESS (cont.):**

**19. How would you describe your alcohol use?**

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

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

Former user      No drug use      Mild drug use      Moderate to severe drug use  
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

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

*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 with IPOS and BPS including evidence of diagnosis to:*

*Fresh Start Clubhouse  
Attn: Summer Berman  
2140 E. Ellsworth Rd.  
Ann Arbor, MI 48108  
p. 734-929-9992  
f. 734-222-3461*