



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.
4. Secure Email membership@freshstartclubhouse.org , **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 involving mood, thought, or anxiety disorders, not IDD or personality disorders.
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

Nickname/Preferred Name:

Legal First Name:

Middle Name:

Last Name:

Preferred Pronouns:

- she/her/hers*
- they/them/theirs*
- he/him/his*
- other:

CRCT ID:

DOB:

Gender:

Race/Ethnicity:

Phone:

Email:

Preferred Method(s) of Contact:

- Phone*
- Text*
- Email*

Facebook

Other:

Home Address:

State:

Zip Code:

County:

Tour Date (*referral will not be reviewed prior to tour*)

Date Fresh Start tour was completed:

Referral Source

CMH Case Manager

Therapist

CRS

Residence

Other (please specify):

Medical & Psychiatric Contacts

• Case Manager:

○ Phone:

○ Program/Team:

○ Email:

• Psychiatrist:

○ Phone:

• Physician:

○ Phone:

• Home Manager:

○ Phone:

Qualifying Psychiatric Diagnosis(es)*:

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

Guardianship/Payees

Do you have a guardian?

Yes

No

Don't know

Guardian's name:

Guardian's phone:

Do you have a payee?

Yes

No

Don't know

Payee's name:

Payee's phone:

Emergency Contacts

Emergency Contact 1

Name:

Phone:

Relationship:

Emergency Contact 2 (optional)

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.*

Yes

No

Other (please specify needed accommodations):

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?

Are you happy with how you are spending your time?

- Yes
- No
- Somewhat

HOBBIES:

What do you enjoy doing in your free time?

TALENTS/SKILLS:

What are you good at doing?

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?

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. Are you a Veteran?

- Yes
- No

3. Do you receive any community employment supports?

- Yes
- No
- N/A

Comments:

EDUCATION:

4. 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.):

5. 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:

6. Are you interested in going to school?

- YES
- NO

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

- GED
- College Degree
- Better Job
- Personal Development
- Other:

7. Do you receive any community education supports?

- YES
- NO

Comments:

HOUSING:

8. What is your current housing situation?

- Rent my house/apartment
- Own my house/apartment
- Live with family
- Group Home
- Houseless/Inadequate Housing
- Other:

9. Who do you currently live with?

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

- YES
- NO

11. Do you receive any kind of housing subsidy?

- YES
- NO
- N/A

If yes, what type?

- Section 8
- Income-based rent
- Other:

12. Do you receive any community housing supports?

- YES
- NO
- N/A

If yes, what type?

- CLS
- Avalon
- Home Health Aide
- Other:
- Comments:

TRANSPORTATION:

13. 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:

14. Do you pay for your own transportation

- N/A
- YES
- NO

Comments:

15. Do you receive any other community transportation supports?

- N/A
- AAATA
- Travel Trainer
- Other:

Comments:

GOVERNMENT BENEFITS:

16. Do you receive any government benefits?

Check all that apply

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

Comments:

HEALTH & WELLNESS:

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

- None.
- Once
- Twice
- Three or more times

18. Do you have any health issues?

- Hearing Impairment
- Visual Impairment
- Physical Disability
- HIV
- Other health issues

Comments:

19. How would you describe your tobacco use?

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

20. How would you describe your alcohol use?

- Former user
- No alcohol use
- Mild alcohol use
- Moderate to severe alcohol use

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

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

22. 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

Community Mental Health Consumers: Please return this completed form with IPOS and BPS including evidence of diagnosis

All other referrals, please complete the following Release of Information:

**Fresh Start Clubhouse
Release of Information Form**

I hereby give consent for the release of pertinent medical, hospital and psychological information from medical and/or mental health professionals associated with my care for completion of appropriate referral information for my application for membership to the B'More Clubhouse. I hereby give consent for B'More Clubhouse members to have access to my basic contact information for follow-up and reach-out purposes only.

I understand that any information released to the B'More Clubhouse is confidential and will be remain confidential by Fresh Start Clubhouse.

Name of Prospective Member: _____

Signature: _____ Date: _____

Received By (Fresh Start Clubhouse Staff only): _____ 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: Director
211 E Michigan Ave
Ypsilanti, MI 48198
p. 734-929-9992**