



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. **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

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 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?

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?

N/A MRS MAP Other: _____

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 Already going to school

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?

N/A Washtenaw Literacy Other: _____

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?

Live Alone Spouse or Partner Family Friends Roommates

Other: _____

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

Yes No

11. Do you receive any kind of housing subsidy?

N/A Section 8 Income-based rent Other: _____

HOUSING (cont.):

12. Do you receive any community housing supports?

N/A 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 Yes No I pay part of my transportation expenses

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? Circle 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?

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

18. Do you have any health issues?

Hearing Impairment Visual Impairment Physical Disability HIV Other health issues

19. 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.):

20. How would you describe your alcohol use?

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

21. 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

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: _____

QUESTIONNAIRE AND SURVEYS:

<i>Please indicate your agreement or disagreement with each of the following statements using the scale to the right:</i>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My life has a clear sense of purpose...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am optimistic about my future...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My life is going well...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel good most of the time...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What I do in life is valuable and worthwhile...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can succeed if I put my mind to it...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am achieving most of my goals...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In most activities I do, I feel energized...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are people who appreciate me as a person...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a sense of belonging in my community...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Please answer the following questions:</i>			
How often do you feel that you lack companionship?	<input type="checkbox"/> Hardly ever	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often
How often do you feel left out?	<input type="checkbox"/> Hardly ever	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often
How often do you feel isolated from others?	<input type="checkbox"/> Hardly ever	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often

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: Director
211 E Michigan Ave
Ypsilanti, MI 48198
p. 734-929-9992*