



California  
Clubhouse

## Membership Eligibility

210 Industrial Rd. Ste 102, San Carlos, CA 94070

Tel: 650-539-3345

Website: californiaclubhouse.org

California Clubhouse is a membership-based social/vocational community where people living with persistent mental illness come to rebuild their lives. To apply for membership, **potential applicants need to have one of the following four diagnoses: Schizophrenia, Schizoaffective Disorder, Bipolar Disorder and Major Depressive Disorder.**

**Eligibility form must be completed by psychiatrist, mental health care provider, physician, VRS or DOR counselor. Please print legibly.**

Date: \_\_\_\_\_

### Member Profile:

Member's Name: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

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

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_ - \_\_\_ - \_\_\_ Email: \_\_\_\_\_

### Referral Source:

Referred by: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_ - \_\_\_ - \_\_\_ Email: \_\_\_\_\_

**For in-house use only:**

Date Inputted in Database: \_\_\_ / \_\_\_ / \_\_\_

**Diagnosis**

Primary Diagnosis:

Schizophrenia  
 Bipolar Disorder

Schizoaffective Disorder  
 Major Depressive Disorder

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

Current Medications: \_\_\_\_\_

**Legal History**

*As part of our standards, we also ask about recent history of violent behavior to ensure a safe environment for all members. Members with past accounts of violent behavior or criminal records may still be eligible for membership.*

Has individual ever been in jail/prison or on probation?  Yes  No

Does the individual have any history of violent behavior?  Yes  No

Is the individual a risk to others?  Yes  No

*If you answered "Yes" to any of the above questions, indicate dates, behaviors, precipitates, legal action; etc. What steps have they been taken for rehabilitation?* \_\_\_\_\_

**Psychiatric History**

Date of last psychiatric hospitalization: \_\_\_\_\_ Length of time: \_\_\_\_\_

Precipitating Factors: \_\_\_\_\_

Total number of Psychiatric Hospitalizations: \_\_\_\_\_

At what age did the person experience his or her first psychiatric hospitalization? \_\_\_\_\_

Does the member participate in Mental Health Recovery Programs:  Yes  No

If yes, please list: \_\_\_\_\_

Does member have a history/risk of suicide attempts?  Yes  No

If Yes, please explain: \_\_\_\_\_

Does member have a history of alcohol or drug abuse?  Yes  No

If Yes, please explain: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
Signature of Mental Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Clubhouse

\_\_\_\_\_  
Date

Please attach additional information if necessary.