



CALIFORNIA CLUBHOUSE

Mental Health Recovery Community

Membership Eligibility

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

T: 650-539-3345

F: 650- 232-7861

www.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 a mental health diagnosis.**

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: ____/____/____

Please attach additional information if necessary.

Diagnosis

Primary Diagnosis:

- Schizophrenia
- Bipolar Disorder
- Other

- Schizoaffective Disorder
- Major Depressive Disorder

Other Diagnosis: _____

Current Medications: _____

Clubhouse Community Safety

As part of our standards, we 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.

Does the prospective member pose a current and significant threat to the safety and security of the Clubhouse community? Yes No

If yes, please explain: _____

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.