

# Clubhouse Winnipeg

## Referral and Membership Application

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Clubhouse Winnipeg is dedicated to the recovery of men and women with mental illness. We provide a range of opportunities for our Members to live, work and learn in harmony with others while contributing their talents through a community of mutual support.

To be referred for Membership, this **Application** must be completed and signed by **both** the applicant **and** the referring mental health professional or agency representative.

In addition, a **signed release** is required. If these documents are not completed, we will not be able to process the referral. An incomplete or illegible form will delay the intake process.

To be eligible for Membership, an applicant **must**:

1. have a primary diagnosis of a severe and persistent mental illness.
2. be interested in **attending and contributing** their energy and talents in cooperation with all other Members and Staff at the Clubhouse.
3. be able to get to the Clubhouse.
4. refrain from alcohol or non-prescription drug use while in attendance.
5. not pose a threat to self or others in the Clubhouse community.
6. be at least 18 years of age.
7. have a strong desire and the ability to move towards paid employment in the community.

Important information about the Clubhouse:

\*Members are welcomed as *people* not “patients” or “clients”

\*Our focus is on meaningful relationships, positive communication, skills and strengths

\*Membership is free and voluntary

Contact **Clubhouse Winnipeg** at (204) 783-9400 Monday to Friday (8:00am to 3:00 p.m.). Ask to speak with **Staff** with regard to questions about the Clubhouse and your application.

**To be filled out by the Applicant:** (Please print)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

Postal Code \_\_\_\_\_ How long have you resided here? \_\_\_\_\_

Birthday (*in full*) \_\_\_\_\_

Phone (home) \_\_\_\_\_ Cell \_\_\_\_\_

What do you consider to be your strengths and talents?

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What are your goals? (for example: employment, housing, social, fitness, recreation etc.)

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What would you like to learn in order to move forward and achieve your goals?

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When and where was your last paid employment? What was your position, hours, wage?

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Would you like to go back to paid employment? If not, why?

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Have you been, or are you currently involved with any other Mental Health Agencies in the city?

If yes, when and where did you attend?

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**To be filled out by the Referring Professional :**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Hospital/Agency: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Why would the Clubhouse be a good place for your client?

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**To be filled out by the Referring Professional *along with the Applicant:***

**Medical Alerts** (please *circle* all that apply)

Deaf/ Hearing Impairment

Epilepsy/ Seizure Disorder

Diabetes

Recent Surgery

Hepatitis B/C

STD

HIV/AIDS

Severe Allergies

Chronic Physical Illness

Asthma

Hypertension

Blind/Visual Impairment

Limited Mobility

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

Allergies: \_\_\_\_\_

Alerts: \_\_\_\_\_

**Primary Diagnosis:** \_\_\_\_\_ (date of diagnosis) \_\_\_\_\_

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

How long have you known this person? \_\_\_\_\_

**Medical, Psychiatric & Community Contacts**

**Psychiatrist:** \_\_\_\_\_ Hospital/Clinic: \_\_\_\_\_

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

Fax: \_\_\_\_\_

How long have you been seeing this psychiatrist? \_\_\_\_\_

**Nurse Clinician:** \_\_\_\_\_ Hospital/Clinic: \_\_\_\_\_

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

Fax: \_\_\_\_\_

**Primary Care MD:** \_\_\_\_\_ Hospital/Clinic: \_\_\_\_\_

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

Fax: \_\_\_\_\_

**Community Mental Health Worker/or Agency Rep:** \_\_\_\_\_

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

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**To be filled out by Referring Professional *along with the Applicant:***

**Substance Abuse History** (Please **circle** your answer)

	<u>Alcohol</u>	<u>Drugs</u>
Do you have a history of alcohol or drug abuse?	<b>YES NO</b>	<b>YES NO</b>
Have you ever been in treatment for an alcohol or drug problem?	<b>YES NO</b>	<b>YES NO</b>
Are you currently in a treatment or support group?	<b>YES NO</b>	<b>YES NO</b>

If you answered Yes to any of the above, how long have you been clean and sober? \_\_\_\_\_ months

Are you still using the problem substance? \_\_\_\_\_

If an alcohol or substance history exists, please elaborate. Be sure to include treatment information:

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**Legal History** ( Please **circle** your answer)

Have you ever been in prison?	<b>YES NO</b>
Have you ever been convicted of and/or arrested for a crime?	<b>YES NO</b>
Have you ever physically injured another person?	<b>YES NO</b>
Do you have any history of violent behavior ?	<b>YES NO</b>
Are you currently on parole or probation?	<b>YES NO</b>

If any of the above questions were answered “Yes”, indicate dates, behaviors, precipitants, legal actions etc.

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**N.B. All components of this application are to be completed accurately and in full.**

Any incomplete forms will unfortunately delay the application process.

To avoid any delays, please be sure the application is signed below by both the prospective Member and also the Referring Professional.

**Clubhouse Winnipeg reserves the right to request histories or reports from hospitals, agencies, etc. to assist us in our determination of suitability for Membership.**

Please contact us at (204) 783-9400 and speak with **Staff** regarding any questions.

Thank you for applying for Membership with Clubhouse Winnipeg.

**I confirm that all information provided in this form is complete and accurate.**

\_\_\_\_\_ Date: \_\_\_\_\_  
Referring Professional Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Signature

**Please return by Mail, Email, or Fax:**

**Mailing Address:**  
Clubhouse Winnipeg  
172 Sherbrook Street  
Winnipeg, MB  
R3C 2B6

**Fax:** 204-783-9890

**Email:** clubhousewinnipeg@shaw.ca

[www.clubhousewinnipeg.ca](http://www.clubhousewinnipeg.ca)

# Clubhouse Winnipeg

## Authorization to Release Information

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I, \_\_\_\_\_,  
(name of applicant—please print)

Authorize you, \_\_\_\_\_,  
(referring professional—please print)

to provide Clubhouse Winnipeg with the information they are requesting within their Clubhouse Winnipeg referral and application form.

Also, if contacted by the Clubhouse Staff, I authorize you, to discuss any concerns that may arise from that information in order for me to be considered for membership or at anytime after becoming a member.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date