

About Crossroads Clubhouse

The Clubhouse is a supportive community for adults living with a history of mental illness

Mental illness is complex and often misunderstood. Here are some common misconceptions:

- Mental illness is **not** an intellectual, learning or developmental disorder.
- You can have a history of substance abuse and not have a mental illness.
- Autism and Asperger's Syndrome alone are not considered a mental illness.
- Traumatic brain injury is not considered a mental illness.

If you have one of the conditions above, the Clubhouse may not be right for you.

If we're not right for you, **we'd be happy to connect you to other resources.**

Here at the Clubhouse, we primarily experience the following types of conditions:

Schizophrenia Spectrum and other Psychotic Disorders, Bipolar and Related Disorders, Depressive Disorders, and Anxiety Disorders

What makes the Clubhouse a special community to be a part of

- You are welcomed to be here as a person, not as a patient
- Our focus is on relationships, skills, and **your strengths**—not on your illness
- Attendance is voluntary so you can attend as often as you'd like, for as long as you'd like

What kind of benefits and help can you get at the Clubhouse

Our members receive support in many ways by being part of the Clubhouse, these benefits include:

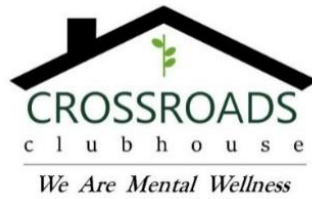
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|---|-----------------------------------|
| → Meeting new people and potential friends | → Getting help in finding jobs |
| → Having somewhere to go during the day | → Getting help in finding housing |
| → Having access to nutritious low-cost meals | → Help in gaining more confidence |
| → Having access to exercise classes and equipment | → Learning to be more independent |

If you think you have a qualifying history of mental illness, here's what we ask of our members:

- You must be at least 18 years old
- You must be willing to refrain from alcohol / illegal drug use while at the Clubhouse
- You must be active in your own personal wellness and/or recovery plan
- You cannot pose a mental, physical, or emotional threat to yourself or others at Clubhouse
- You must be able to provide your own self-care while at the Clubhouse

If this sounds like a good fit for you, please fill out an application and return to Crossroads Clubhouse. We look forward to meeting you!

3500 S. Peoria Ave
Tulsa, OK 74105



Phone: 918.749.2141
Fax: 918.749.2150

APPLICATION FOR MEMBERSHIP

The APPLICANT must complete pages 1-2.

Please carefully read and print all answers. Please answer all questions completely.

Today's Date: _____

PERSONAL INFORMATION

Name: First: _____ M.I.: _____ Last: _____

Preferred Name: _____ Maiden Name: _____

Phone: () _____ Alternative Phone: () _____

Email: _____

Date of Birth: ____/____/____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

Gender: _____

Are you a military veteran? ☐ Yes ☐ No

Ethnicity (check all that apply): ☐ African American ☐ American Indian/Native American ☐ Asian
☐ Caribbean ☐ White ☐ Latino/Hispanic ☐ Middle Eastern ☐ Pacific Islander

Language(s): ☐ English ☐ Primary Other (please specify) _____

How did you hear about Crossroads Clubhouse?: _____

Housing Type: ☐ Own Home/Apartment (non-subsidized) ☐ Home of a Family Member (shared responsibility) ☐ Home of a Family Member (dependent on family or guardian) ☐ Temporary Housing
☐ Supported Apartment ☐ Supervised Housing ☐ Group Home ☐ Nursing Home
☐ Home of a Friend ☐ Homeless ☐ Other (please specify): _____

Form of Transportation: _____

Have you ever been arrested for a misdemeanor? ☐ Yes ☐ No

If yes, were you convicted? ☐ Yes ☐ No

Have you ever been arrested for a felony? ☐ Yes ☐ No If yes, were you convicted? ☐ Yes ☐ No

If yes, did it involve violence? ☐ Yes ☐ No

Please explain: _____

Why do you want to attend Crossroads Clubhouse?:

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EMPLOYMENT STATUS

- ☐ Full Time (32 hours per week or more) ☐ Part Time (Less than 32 hours per week)
- ☐ Day Labor (Selected to work each day at employment agency)
- ☐ Contract Labor (Selected to work on jobs or projects for a limited period of time)
- ☐ No job at this time and I am not looking ☐ No job at this time and I am looking for employment

Employment held for longest time period: _____

(If you are looking) What type of work would you like to do? _____

MEDICAL HISTORY

- MEDICAL ALERTS (CHECK ALL THAT APPLY) ☐ Chronic Physical Illness ☐ Severe Allergic Reactions
- ☐ Deaf/Hearing Impairment ☐ New Psychiatric Medication ☐ Blind/Vision Impairment
- ☐ Recent Surgery ☐ Epilepsy/Seizures ☐ Diabetes ☐ Asthma ☐ Hypertension
- ☐ Other Physical Disability (please specify): _____

Do you have a medical marijuana license: ☐ Yes ☐ No

If yes, who prescribed the license? _____

PSYCHIATRIC HISTORY

Total Number of Hospital Admissions: _____

Estimate Total of all Hospitalizations: ☐ 1-4 Weeks ☐ 1-2 Months ☐ 2-6 Months ☐ 6 Months-1 Year ☐ More than 1 Year ☐ 2+ Years

Date of most recent inpatient hospitalization: _____

How long in outpatient treatment? _____

What does your current recovery plan look like? _____

Who is your current mental health treatment provider (please include agency name): _____

To the best of my knowledge the above information is accurate.

Signature of Applicant: _____

Date: _____

For office use only:

Application Received: _____

Treatment Providers Portion Received: _____

Invite for Half Day/Interview Sent: _____

Half Day/Interview Completed: _____

Approved/ Denied (circle one) Letter Sent: _____

Additional Notes:



Mental Health History Form

***Pages 3-4 must be completed and signed by your **Mental Health Treatment Provider** licensed to **diagnose**.

Please see "About Crossroads Clubhouse" on the front of the application to help determine if Crossroads Clubhouse will be an appropriate fit for your client.

The Clubhouse Model best serves individuals with Schizophrenia Spectrum and other Psychotic Disorders, Bipolar and Related Disorders, Depressive Disorders, and Anxiety Disorders.

Name of Applicant (please print): _____ **Applicant's DOB** ____/____/____

1. Primary Diagnosis/Diagnoses

Schizophrenia Spectrum: _____

Psychotic Disorders: _____

Bipolar & Related: _____

Depressive Disorders: _____

Anxiety Disorders: _____

Other: _____

2. Co-occurring Disorders

Personality Disorders: _____

Intellectual Disability: _____

Substance Abuse: _____

Autism Spectrum: _____

Traumatic Brain Injury: _____

3. History with Alcohol

	Yes	No
a) Has applicant had a problem with alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
b) Does applicant want help with an alcohol problem?	<input type="checkbox"/>	<input type="checkbox"/>
c) Has applicant completed treatment for an alcohol problem?	<input type="checkbox"/>	<input type="checkbox"/>
d) Is applicant currently in treatment or in a support group?	<input type="checkbox"/>	<input type="checkbox"/>

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4. History with Substance Use/Abuse

	Yes	No
a) Has applicant had a problem with substance use/abuse?	<input type="checkbox"/>	<input type="checkbox"/>
b) Does applicant want help with a substance use/abuse problem?	<input type="checkbox"/>	<input type="checkbox"/>
c) Has applicant completed treatment for a substance use/abuse problem?	<input type="checkbox"/>	<input type="checkbox"/>
d) Is applicant currently in treatment or in a support group?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide documentation of successful substance abuse/alcohol treatment program

Substance Abuse/Alcohol Notes: (Include Type of Drug, Amount, Frequency): _____

5. How long has applicant been substance /alcohol free?

6. Are you aware of ANY violent behaviors or incidences that the applicant exhibits or has been involved in?☐ Yes☐ No

If yes, please describe: _____

Diagnosing/Prescribing Provider: (print name) _____

Phone Number: _____

Email Address: _____

Signature: _____

Date: _____