PART 2: REFERRAL FORM

NAME AND PHONE NUMBER:

Living Arrangements: Check here if homeless_____

ALF	Address:
Nursing Home	Address:
Group Home	Address
Living with Family	Address
Independent living	Address:

Emergency contact: (List the names and phone number)
Are you currently receiving disability? Yes____ No: _____
Primary Source of Income and monthly income received: SSI_____ SSDI_____ SSA_____
How much disability does the person receive, per month? _____
Does the person have medical insurance? Yes:____No__

Medicaid	Insurance Carrier's Name:
Card Number	Number:
Medicare	Insurance Carrier's Name:

PART 2: REFERRAL FORM

Card Number	Number:

Cultural Group the person identifies with: (can be more than one)

- ☐ Caucasian
- ☐ African-American
- ☐ Hispanic / Latino /Puerto Rican
- ☐ Haitian/Caribbean/Jamaican
- ☐ Chinese
- ☐ Filipino
- ☐ Brazilian
- ☐ Cuban
- ☐ Pacific Islander
- ☐ American Indian/Native American
- ☐ Multiple Minorities

Substance Abuse History: Please answer all questions: Alcohol___Yes___NO___ DRUGS: YES___NO:_____

Do you have a history of alcohol or drug abuse? Yes__No___

If an alcohol or abuse history exists, please elaborate:

_____

_____

_____

_____

Name of Substance	Date Started	Last Used

Have you ever been in treatment for an alcohol or drug problem? YES: ___NO:___

If so, when and where? _____

Are you currently in treatment or in a support group for alcohol or drug abuse? YES: ___NO: _____

If so, when and where? _____

Are you interested in being in treatment or a support group for alcohol or drug abuse? YES: ____NO:_____

EDUCATION (PLEASE INDICATE THE HIGHEST LEVEL OF EDUCATION, checking the area)

Grades 1__2__3__4__5__6__7__8__9__10__11__12__Special Diploma____GED____Some College____

Associates Degree: ____Bachelor's Degree:___ Master's Degree___Some Graduate School___

Graduate Degree (indicate degree)_____

Are you in school now? Yes: ___ No:____

If yes, What school do you attend? _____

PART 2: REFERRAL FORM

Current Employment Status: (Check Only One of the Options Below)

V	Description	V	Description	V	Description
	Active Military Duty		Supported employment		Unemployed Now
	Full time (35 hours or more)		Transitional employment		Never Employed
	Part Time (less than 35 hours)		Volunteer, Only		Employed 3, 5, 8, 10 years ago (circle)
	Self Employed		Retired		Not looking to work

Medical Alerts: (Check if any of the conditions below apply)

___Diabetes	___Food Allergies	____Medication allergies
__Heart Condition	List food Allergies:	List medication allergies:
__Asthma	____Chronic Physical Illnesses	
_____Recent surgery		
	____Epilepsy/Seizures	

Last Dental Appointment:_____

Check v	Reason for Referral to Foot Print to Success Clubhouse
	EDUCATION
	EMPLOYMENT
	HEALTH AND WELLNESS
	HOUSING
	PEER SUPPORT
	SOCIALIZATION
	LIFE SKILLS (PLEASE SPECIFY)
	ACCESS TO OTHER COMMUNITY SERVICES

PART 2: REFERRAL FORM

Admission Process:

The referral process consists of two referral forms:

Part I -Referral Form is to be completed and signed by a licensed practitioner of the healing arts.

Once Foot Print to Success Clubhouse receives Part 1 -Referral Form within three days of receipt of the form the Membership Unit will call and schedule an Intake. Concurrently, a case manager, job coach, therapist needs to complete Part 2 of the Referral Form.

If the individual comes to the clubhouse with Part 1 completed the Membership Unit will assist the individual in completing Part 2 of the referral form.

Provider's Signature (if completing part 2 of the referral form)

_____Date:_____

I understand that by signing this referral, I am also authorizing Foot Print to Success Clubhouse and my Health Care Team (physician, case manager, job coach, therapist, psychiatrist) to exchange relevant information as the needs arises. This authorization expires when my case is closed.

Individual's Signature: (if completing part 2 of the referral form)

_____Date:_____

Our Mission:

Foot Print to Success Clubhouse is committed to providing a welcoming, empowering community environment that promotes hope, recovery and independence for all individuals that we serve. Central to this are opportunities for meaningful work, meaningful relationships, employment, education, affordable housing, health and wellness and benefits assistance.

We look forward serving you!