



Where Results are Measured in Human Terms

TEL: 508-485-5051
FAX: 508-485-8807
82 Brigham Street
Marlborough, MA 01752

Referral Application

Referral Application

Enrollment - P.1

Intake

Date of Application ___/___/___ Referral for: [] Day Program [] Recreation Program

Applicant

First Name: _____ MI: _____ Last Name: _____
DOB: ___/___/___ CMHCN: _____ SSN: _____

Referral Agency - Referral Type

- [] Self, Family, Friends [] State Vocational Rehab
[] Private Practitioner (Psychiatrist/MD) [] Supervised Community Services
[] Community Mental Health Center/Clinic [] Public Shelter for the Homeless
[] County, Local Hospital [] Homeless Outreach Team
[] Another Clubhouse [] Police, Courts, Forensic Hospital
[] State Social Services [] Other _____
[] County Social Services

Referral Agency Name: _____

Referral Contact: _____ Phone: (____) _____

Referral Notes:

Address

Applicant's Address

Street _____ Apt. _____
City _____ County/Borough _____ State _____ Zip Code _____

Phone Numbers

- [] Home _____ [] Business _____ [] Friend _____
[] Parents _____ [] Fax _____ [] Other _____
[] Beeper _____ [] Weekend _____ [] No Phone

Hints on how to locate.

Housing Type

- [] Own Home/Apartment (Non-Subsidized) [] Foster Care
[] Home of a family member (Shared Responsibility) [] Psychiatric Hospital
[] Home of a family member (Dependent on family) [] Nursing Home
[] Rooming/Boarding House, Hotel [] Prison/Jail
[] SRO, Temporary Housing [] Shelter
[] Supported Apartment (Subsidized, Non-Supervised) [] Undomiciled/Homeless
[] Supervised Housing (Part-time Supervision) [] Other _____
[] Group Home (24 hour Supervision)

Housing Status

- [] Alone [] With Minor Child(ren)
[] With Roommate(s)/Housemate(s) [] With Partner and Child(ren)
[] With Parent(s) [] Institutional Setting
[] With Other Adult Relative(s)

Total number of people in household including applicant: _____

Housing Satisfaction

- [] Very Satisfied [] Somewhat Satisfied [] Very Unsatisfied
[] Neutral [] Somewhat Unsatisfied

Gender Male Female Other _____

Ethnicity 1

- | | |
|---|--|
| <input type="checkbox"/> African – American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Latino/Hispanic e.g. Puerto Rican, Cuban, Mexican |
| <input type="checkbox"/> Asian e.g. Chinese, Japanese, Korean | <input type="checkbox"/> Middle Eastern e.g. Indian, Turkish, Iranian |
| <input type="checkbox"/> Caribbean e.g. Haitian, Jamaican | <input type="checkbox"/> Pacific Islander e.g. Samoan, Fijian |

Ethnicity 2 (if applicable)

- | | |
|---|--|
| <input type="checkbox"/> African – American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Latino/Hispanic e.g. Puerto Rican, Cuban, Mexican |
| <input type="checkbox"/> Asian e.g. Chinese, Japanese, Korean | <input type="checkbox"/> Middle Eastern e.g. Indian, Turkish, Iranian |
| <input type="checkbox"/> Caribbean e.g. Haitian, Jamaican | <input type="checkbox"/> Pacific Islander e.g. Samoan, Fijian |

Description

Height: _____ Hair color: _____ Eye color: _____

Language

- English
- Primary Other: *(please specify)* _____

Marital Status

- Single, Never Married Widowed Permanent Partner Divorced Separated Married

Number of Minor Children: _____ Custodial Parent Non-custodial Parent

Primary Weekday Activity

- | | | |
|--|--|--|
| <input type="checkbox"/> Independent Employment | <input type="checkbox"/> School – High School | <input type="checkbox"/> School – Trade School/College |
| <input type="checkbox"/> Parenting/Care Taking at Home | <input type="checkbox"/> Transitional Employment | <input type="checkbox"/> Enclave Work Sheltered Workshop |
| <input type="checkbox"/> Clubhouse Work | <input type="checkbox"/> Other Volunteer Work | <input type="checkbox"/> Day Program outside the Clubhouse |
| <input type="checkbox"/> In Hospital/House Bound Psychiatric Reasons | | <input type="checkbox"/> No Structured Daytime Activity |

Primary Reasons for wanting to attend Options Clubhouse (employment, education, socialization, family services)

- 1) _____
- 2) _____
- 3) _____

Education Level

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> Some High School | <input type="checkbox"/> GED | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> Trade School | <input type="checkbox"/> Some College | <input type="checkbox"/> Junior College | <input type="checkbox"/> Bachelor’s Degree |
| <input type="checkbox"/> Some Graduate Work | <input type="checkbox"/> Master’s Degree | <input type="checkbox"/> Advanced Graduate Degree | |

Job held the LONGEST

Job Title: _____

Job Type:

- | | | |
|--|--|---|
| <input type="checkbox"/> Mail Clerk/Messenger | <input type="checkbox"/> Vehicle Operation | <input type="checkbox"/> Machine Operation/Factory Worker |
| <input type="checkbox"/> Clerical/Secretarial | <input type="checkbox"/> Health/Nursing Aid | <input type="checkbox"/> Farming/Forestry/Fishing |
| <input type="checkbox"/> Guard/Doorman | <input type="checkbox"/> Attendant/Guide/Usher | <input type="checkbox"/> Artist/Entertainer |
| <input type="checkbox"/> Food service worker | <input type="checkbox"/> Childcare/Teacher’s Aid | <input type="checkbox"/> Military/Occupation |
| <input type="checkbox"/> Sales/Retail | <input type="checkbox"/> Technician | <input type="checkbox"/> Managerial |
| <input type="checkbox"/> Sales/Non-Retail | <input type="checkbox"/> Mechanic/Repairer | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Assembly/Gift Wrapper | <input type="checkbox"/> Laborer/Construction | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cleaning/Maintenance | <input type="checkbox"/> Labor/Non-Construction | |

Start Date: ____/____/____

End Date: ____/____/____

Hours Per Week _____

Pay Per Hour _____

Termination Type

- Job Ended Leave of Absence Resigned Fired Medical Reasons Retired
 Not Applicable Other _____

Current or Most Recent Job

Job Title: _____

Job Type:

- | | | |
|--|--|---|
| <input type="checkbox"/> Mail Clerk/Messenger | <input type="checkbox"/> Vehicle Operation | <input type="checkbox"/> Machine Operation/Factory Worker |
| <input type="checkbox"/> Clerical/Secretarial | <input type="checkbox"/> Health/Nursing Aid | <input type="checkbox"/> Farming/Forestry/Fishing |
| <input type="checkbox"/> Guard/Doorman | <input type="checkbox"/> Attendant/Guide/Usher | <input type="checkbox"/> Artist/Entertainer |
| <input type="checkbox"/> Food service worker | <input type="checkbox"/> Childcare/Teacher’s Aid | <input type="checkbox"/> Military/Occupation |
| <input type="checkbox"/> Sales/Retail | <input type="checkbox"/> Technician | <input type="checkbox"/> Managerial |
| <input type="checkbox"/> Sales/Non-Retail | <input type="checkbox"/> Mechanic/Repairer | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Assembly/Gift Wrapper | <input type="checkbox"/> Laborer/Construction | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cleaning/Maintenance | <input type="checkbox"/> Labor/Non-Construction | |

Start Date: ____/____/____

End Date: ____/____/____

Hours Per Week _____

Pay Per Hour _____

Termination Type

- Job Ended Leave of Absence Resigned Fired Medical Reasons Retired
 Not Applicable Other _____

Income Information

Income Source #1 _____ **Amount Income Source #1:** \$ _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Wages – Independent Employment | <input type="checkbox"/> SSI | <input type="checkbox"/> Retirement Benefits |
| <input type="checkbox"/> Wages – Transitional Employment | <input type="checkbox"/> General Assistance (State) | <input type="checkbox"/> Family Support |
| <input type="checkbox"/> Wages – Supported Employment | <input type="checkbox"/> Local Assistance (County/State) | <input type="checkbox"/> Friend Support |
| <input type="checkbox"/> Wages – Shelter Workshop | <input type="checkbox"/> AFDC | <input type="checkbox"/> No Financial Support |
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Veteran’s Benefits | <input type="checkbox"/> Other _____ |

Income Source #2 _____ **Amount Income Source #2:** \$ _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Wages – Independent Employment | <input type="checkbox"/> SSI | <input type="checkbox"/> Retirement Benefits |
| <input type="checkbox"/> Wages – Transitional Employment | <input type="checkbox"/> General Assistance (State) | <input type="checkbox"/> Family Support |
| <input type="checkbox"/> Wages – Supported Employment | <input type="checkbox"/> Local Assistance (County/State) | <input type="checkbox"/> Friend Support |
| <input type="checkbox"/> Wages – Shelter Workshop | <input type="checkbox"/> AFDC | <input type="checkbox"/> No Financial Support |
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Veteran’s Benefits | <input type="checkbox"/> Other _____ |

History with Alcohol

Has applicant had a problem with alcohol? Yes No
Has applicant been in treatment for an alcohol problem? Yes No
Is applicant currently in treatment or in a support group? Yes No
Does he/she want help with an alcohol problem Yes No
How long has he/she been clean and sober? _____

History with Drugs

Has applicant had a problem with drugs? Yes No
Has applicant been in treatment for a drugs problem? Yes No
Is applicant currently in treatment or in a support group? Yes No
Does he/she want help with an drugs problem Yes No
How long has he/she been clean and sober? _____
Drug/Alcohol Notes: (Include Type of Drug, Amount and Frequency.)

Legal History

Has applicant ever been in jail? Yes No In prison? Yes No On probation? Yes No
Has applicant ever been convicted of a misdemeanor? Yes No
Has applicant ever been had any arrests for felonies? Yes No
What felonies? (check all that apply)
 Bad Checks/Shoplifting Manslaughter/Negligent Homicide Other Crimes of Dishonesty
 Physical abuse/Assault Robbery/Breaking and Entering Other _____
 Stealing/Forgery/Embezzlement Rape/Murder Sexual Misconduct
Has applicant ever physically injured another person? Yes No
Does he/she have a history of violent behavior towards others? Yes No
Is there any reason this person should not use Employment Options transportation or ride in Employment Options vans? Yes No

Legal History Notes (dates, behaviors, precipitants, legal action, etc. Please elaborate on any aggressive behaviors.)

Medical Information

Medical Insurance

Insurer 1 Policy No. _____
 Medicaid Private Insurance Family pay
 Medicaid, Managed Care Private Insurance, Managed Care Self-pay (no insurance)
 Medicare Veteran’s Benefits Other _____
 Medicare, Managed Care Worker’s Compensation

Insurer 2 Policy No. _____
 Medicaid Private Insurance Family pay
 Medicaid, Managed Care Private Insurance, Managed Care Self-pay (no insurance)
 Medicare Veteran’s Benefits Other _____
 Medicare, Managed Care Worker’s Compensation

Date of Last Physical Exam: ____ / ____ / ____ **Date of Last Dental Exam:** ____ / ____ / ____

Psychiatric Information

Primary Diagnosis:

- Schizophrenia
- Schizoaffective Disorder
- Bi-Polar Disorder
- Major Depression
- Other Psychotic Disorder
- Other Major Mental Illness

Written Diagnosis

Diagnostic Code

	Written Diagnosis	Diagnostic Code
DSM IV Axis I		
DSM IV Axis II		
DSM IV Axis III		
DSM IV Axis IV		
DSM IV Axis V		

Medication

Please List all Psychiatric Medications (include dosage and frequency)

Please List all Other Medications (include dosage and frequency)

Psychiatric Hospitalizations

Psychiatric History

Total Number of Hospital Admissions _____
 Estimate Total Months of ALL Hospitalizations _____
 Length (months) of LONGEST Hospitalization _____
 Applicant in which hospitals? (list all, name and location please)

Please indicate precipitants to all hospitalizations

Referral Application

Enrollment – P.7

Psychiatric Hospitalizations Cont.

First Psychiatric Hospitalization

Age at first hospitalization? _____

Admission Date: _____ / _____ / _____

Discharge Date: _____ / _____ / _____

Hospital Name: _____

City: _____ State: _____ Zip Code: _____

County: _____

Most Recent Psychiatric Hospitalization

Admission Date: _____ / _____ / _____

Discharge Date: _____ / _____ / _____

Hospital Name: _____

City: _____ State: _____ Zip Code: _____ County: _____

Contact: _____

Contacts Position: _____

Notes:

Non Clubhouse Services

Please indicate all services individual utilizes.

Services	Frequency Select from the following options: Check one	Provider
Emergency/Crisis Services	<input type="checkbox"/> Yearly, <input type="checkbox"/> a few X's/yr, <input type="checkbox"/> monthly <input type="checkbox"/> a few X's/month, <input type="checkbox"/> weekly, <input type="checkbox"/> a few X's/week, <input type="checkbox"/> daily, <input type="checkbox"/> more than once a day	
Psychiatric Hospitalization	<input type="checkbox"/> Yearly, <input type="checkbox"/> a few X's/yr, <input type="checkbox"/> monthly <input type="checkbox"/> a few X's/month, <input type="checkbox"/> weekly, <input type="checkbox"/> a few X's/week, <input type="checkbox"/> daily, <input type="checkbox"/> more than once a day	
Partial Hospital/Day Treatment	<input type="checkbox"/> Yearly, <input type="checkbox"/> a few X's/yr, <input type="checkbox"/> monthly <input type="checkbox"/> a few X's/month, <input type="checkbox"/> weekly, <input type="checkbox"/> a few X's/week, <input type="checkbox"/> daily, <input type="checkbox"/> more than once a day	
Psychiatric Outpatient Services	<input type="checkbox"/> Yearly, <input type="checkbox"/> a few X's/yr, <input type="checkbox"/> monthly <input type="checkbox"/> a few X's/month, <input type="checkbox"/> weekly, <input type="checkbox"/> a few X's/week, <input type="checkbox"/> daily, <input type="checkbox"/> more than once a day	
Counseling/Therapy	<input type="checkbox"/> Yearly, <input type="checkbox"/> a few X's/yr, <input type="checkbox"/> monthly <input type="checkbox"/> a few X's/month, <input type="checkbox"/> weekly, <input type="checkbox"/> a few X's/week, <input type="checkbox"/> daily, <input type="checkbox"/> more than once a day	
Medical Hospitalization	<input type="checkbox"/> Yearly, <input type="checkbox"/> a few X's/yr, <input type="checkbox"/> monthly <input type="checkbox"/> a few X's/month, <input type="checkbox"/> weekly, <input type="checkbox"/> a few X's/week, <input type="checkbox"/> daily, <input type="checkbox"/> more than once a day	
Medical Outpatient Services	<input type="checkbox"/> Yearly, <input type="checkbox"/> a few X's/yr, <input type="checkbox"/> monthly <input type="checkbox"/> a few X's/month, <input type="checkbox"/> weekly, <input type="checkbox"/> a few X's/week, <input type="checkbox"/> daily, <input type="checkbox"/> more than once a day	

Case Management	()Yearly, ()a few X's/yr, ()monthly ()a few X's/month, ()weekly, () a few X's/week, ()daily, ()more than once a day	
Housing Program	()Yearly, ()a few X's/yr, ()monthly ()a few X's/month, ()weekly, () a few X's/week, ()daily, ()more than once a day	
Peer Counseling/Support Group	()Yearly, ()a few X's/yr, ()monthly ()a few X's/month, ()weekly, () a few X's/week, ()daily, ()more than once a day	
Substance Abuse Services	()Yearly, ()a few X's/yr, ()monthly ()a few X's/month, ()weekly, () a few X's/week, ()daily, ()more than once a day	
Vocational or Job Finding	()Yearly, ()a few X's/yr, ()monthly ()a few X's/month, ()weekly, () a few X's/week, ()daily, ()more than once a day	
Parole or Probation Services	()Yearly, ()a few X's/yr, ()monthly ()a few X's/month, ()weekly, () a few X's/week, ()daily, ()more than once a day	
Legal Aid	()Yearly, ()a few X's/yr, ()monthly ()a few X's/month, ()weekly, () a few X's/week, ()daily, ()more than once a day	

Homeless Shelter Services	()Yearly, ()a few X's/yr, ()monthly ()a few X's/month, ()weekly, () a few X's/week, ()daily, ()more than once a day	
Food Pantry/Charity/Church	()Yearly, ()a few X's/yr, ()monthly ()a few X's/month, ()weekly, () a few X's/week, ()daily, ()more than once a day	
Transportation Services	()Yearly, ()a few X's/yr, ()monthly ()a few X's/month, ()weekly, () a few X's/week, ()daily, ()more than once a day	

Please note referral applications can only be processed when submitted with detailed psychosocial history, psychiatric assessment and physical exam. Please contact the Membership Unit at Employment Options, (508) 485-5051, if you have any questions.

This application must be signed by Referral Source even if filled out by potential member.

Referral Source Signature

Date