



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.**

At Crossroads, we serve individuals with a primary diagnosis of 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:

- | | |
|---|-----------------------------------|
| → 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 you have a history of mental illness, here's what we ask of our members:

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

925 S. Yale Ave.
Tulsa, OK 74112



Phone: 918.749.2141
Fax: 918.749.2150

APPLICATION FOR MEMBERSHIP

Please carefully read and print all answers. Answer all questions completely. Today's Date: ___/___/___

The APPLICANT must complete pages 1-2.

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

Race (check all that apply): Black or African American White American Indian/Alaska Native
 Asian Pacific Islander or Native Hawaiian

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

How did you hear about Crossroads Clubhouse? _____

Housing Type: Independent (Home/Apartment, Alone/With Roommate) With Family

Other (please specify): _____

Do you have a guardian? Yes No If yes, name and phone number: _____

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?

Continue on back side- →

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 to member & referring agency: _____

Additional Notes:

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Mental Health History Form

***Pages 3-4 must be *completed and signed* by your Mental Health Treatment Provider licensed to diagnose in Oklahoma. (D.O., M.D., LPC, LCSW, Ph.D. Clinical Psychologist)**

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"/>

Continue on back side- →

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 incidents that the applicant exhibits or has been involved in?

- Yes No

If yes, please describe: _____

7. Does the applicant receive services from a P.A.C.T. team, or similar services? Yes No

Diagnosing Provider: (print name) _____

Phone Number: _____

Email Address: _____

Provider Signature: _____ **Date:** _____