CROSSROADS
clubhouse
We Are Mental Wellness

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

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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 – we are not treatment
→ 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
→ Having somewhere to go during the day
→ Having access to nutritious low-cost meals
→ Having access to exercise classes and equipment
→ Getting help in finding jobs
→ Getting help in finding housing
→ Help in gaining more confidence
→ Learning to be more independent

If you have a history of mental illness, <u>here's what we ask of our members</u>:

→ 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

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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 □ Latino/Hispanic
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?
_____
_____

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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? _____
Emergency Contact: Name_____ Phone: ( )_____

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. (M.D., D.O., A.P.R.N., 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?	□	□
b) Does applicant want help with an alcohol problem?	□	□
c) Has applicant completed treatment for an alcohol problem?	□	□
d) Is applicant currently in treatment or in a support group?	□	□

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4. History with Substance Use/Abuse	Yes	No
a) Has applicant had a problem with substance use/abuse?	□	□
b) Does applicant want help with a substance use/abuse problem?	□	□
c) Has applicant completed treatment for a substance use/abuse problem?	□	□
d) Is applicant currently in treatment or in a support group?	□	□

Please provide documentation of successful substance abuse/alcohol treatment program

Substance Abuse/Alcohol Notes: (Include Type of Drug, Amount, and 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:**_____