



BROOKLYN CLUBHOUSE

MEMBERSHIP APPLICATION

The Brooklyn Clubhouse is a restorative community that is dedicated to supporting the recovery and wellness of individuals living with mental illness. Through meaningful connections, members have the opportunity to explore employment, pursue education, build lasting relationships and achieve personalized goals in a safe, empowering environment.

Membership is free, voluntary, and without time limit.

If you are interested in becoming part of the Brooklyn Clubhouse community, please fill the application and email it to brooklynclubhousemembership@sus.org or fax it at

(877) 405- 9838.

For any questions or future assistance, do not hesitate to contact us at (347) 226- 9015.

Requirements for Membership:

- ✓ Have a strong interest in attending the Brooklyn Clubhouse
- ✓ Have a Serious Mental Illness diagnosis
- ✓ Have the ability to travel to the Brooklyn Clubhouse
- ✓ Not Pose as a threat to our community
- ✓ Be 18+ years old

Required Documents:

- ✓ Complete Brooklyn Clubhouse Membership Application
- ✓ Completed proof of psych diagnosis (a psychosocial, psychiatric attestation signed by licensed mental health professional, PSYCKES clinical summary, or psychiatric evaluation).
- ✓ Optional: Copies of Health Insurance Card (insurance not required for membership).



Clubhouse Application Form

Applicant Demographic Information				
First Name:	Last Name:	Alias:	Date of Birth:	
SSN:	Phone Number:	Email:		
Street Address:	Apt #:	Borough:	State:	Zip Code:
Gender: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 20%;">Male</div> <div style="width: 20%;">Transgender man</div> <div style="width: 20%;">Intersex</div> <div style="width: 20%;">Unknown</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 20%;">Female</div> <div style="width: 20%;">Transgender woman</div> <div style="width: 20%;">Non-binary/Gender non-conforming</div> </div>				
Race (check all that apply): <div style="margin-top: 5px;"> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White (includes Middle Eastern and North African) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declines to answer <input type="checkbox"/> Unknown [no information available] </div>			Hispanic/Non-Hispanic: <div style="margin-top: 5px;"> <input type="checkbox"/> Hispanic or Latino/Latina <input type="checkbox"/> Non-Hispanic or Non-Latino/Latina <input type="checkbox"/> Declines to answer <input type="checkbox"/> Unknown [no information available] </div>	
Language				
Primary Language: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> English American <input type="checkbox"/> Spanish <input type="checkbox"/> Creole and Pidgins <input type="checkbox"/> Chinese <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese </div> <div style="width: 30%;"> <input type="checkbox"/> American Sign Language <input type="checkbox"/> Korean <input type="checkbox"/> French <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Italian </div> <div style="width: 30%;"> <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Greek <input type="checkbox"/> Arabic <input type="checkbox"/> Other: _____ </div> </div>			English Proficiency: <div style="margin-top: 10px;"> <input type="checkbox"/> Does not speak English <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Unknown </div>	

Mental Health Diagnosis

Verification of SMI diagnosis in the form of a psychiatric or psychosocial evaluation must be provided.

Current Diagnosis (check all that apply):

- Schizophrenia
- Schizoaffective disorder (all types)
- Schizophreniform disorder
- Other specified schizophrenia spectrum and other psychotic disorder
- Unspecified schizophrenia spectrum and other psychotic disorder
- Brief psychotic disorder
- Delusional disorder
- Bipolar disorder (all types)
- Other specified bipolar and related disorder
- Unspecified bipolar and related disorder
- Major depressive disorder (all types)
- Unspecified depressive disorder
- Posttraumatic stress disorder
- Obsessive compulsive disorder
- Panic disorder
- Agoraphobia
- Generalized anxiety disorder
- Anorexia nervosa
- Other (Please list): _____

Letter of attestation confirming an SMI diagnosis

If a psychiatric or psychosocial evaluation with a specific SMI diagnosis is not available, a letter of attestation from an external licensed mental health professional which attests that the individual has an SMI diagnosis may be provided in lieu of the specific diagnosis.

Employment and Education

<p>Highest education level on enrollment:</p> <p>No high school diploma/GED/TASC</p> <p>GED or TASC</p> <p>High school diploma</p> <p>Business, vocational, or technical training</p> <p>Some college but no degree</p> <p>Associate's degree</p> <p>Bachelor's degree</p> <p>Graduate degree</p> <p>Unknown</p> <p>Other: _____</p>	<p>Current Employment Status:</p> <p>Paid competitive full-time (35+ hrs/week)</p> <p>Paid competitive part-time</p> <p>Supported employment</p> <p>Transitional employment</p> <p>Temporary, seasonal, or per diem</p> <p>Employed (Unknown details)</p> <p>Paid internship</p> <p>Volunteer</p> <p>Not employed but looking for employment</p> <p>Not employed and not looking for employment</p> <p>Not employed (Unknown Details)</p> <p>Unknown</p> <p>Other: _____</p>
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<p>Have you worked for pay in the last 12 months?</p> <p>Yes</p> <p>No</p> <p>Unknown</p>	<p>Have you ever worked for pay?</p> <p>Yes</p> <p>No</p> <p>Unknown</p>
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Current Living Situation

Adult home	Supportive housing	Homeless (living on the street)
Private residence	Homeless (living in shelter)	Other: _____

What is the applicant's goal(s) in joining the Clubhouse?

Please indicate Applicant's goal(s) areas in joining the Clubhouse (check all that apply):

Community/Socialization	Health & Wellness	Benefits/Entitlements
Education	Referrals to other services, such as clinical treatment or legal	Housing
Employment		Other: _____



Clubhouse Application Form

Additional Contacts			
Secondary Contact Name	Relationship:	Phone Number:	E-mail:
Tertiary Contact Name:	Relationship:	Phone Number:	E-mail:

Statement of Clubhouse Community Integration and Safety Assurance
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Clubhouses are, above all, a community of people who are working towards a common goal to get their lives back, in a caring and safe environment. As such, please confirm the following via the check box below:

The individual referred (or self if this is a self-referral) presently and actively seeks to be a part of such a community, and would not be a jeopardy to the safety of the Clubhouse community.

Clubhouse Selection and Referral Source Information
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Clubhouse selection:

Bronx

Goodwill Industries of Greater NY & NJ, Lantern House
– Hunts Point/Mott Haven

Fountain House, Bronx – Hunts Point/Mott Haven

Venture House, Bronx – Crotona/Tremont

Brooklyn

Brooklyn Community Services, Greater Heights

Venture House, Brooklyn – Ocean Hill/Brownsville/E Flatbush

Services for the Underserved, Brooklyn – Williamsburg/Bushwick

Manhattan

Fountain House, Midtown

Fountain House, Central Harlem

New York Disaster Interfaith Services, Elements-Manhattan Lower East Side

Phoenix House

Queens

Goodwill Industries of Greater NY & NJ, Citiview Connections - Long Island City/Astoria

Venture House, Queens – Jamaica

Staten Island

Venture House, Staten Island

Referring agency or person (indicate self if this is a self-referral):

Referring program type (indicate n/a if this is a self-referral and Clubhouse if another Clubhouse):

Name of individual making referral (indicate Self if this is a self-referral):

Phone # of person making referral:	E-mail of person making referral:	Fax # of person making referral:
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Clubhouse Application Form

Referral date:	If transferring from another Clubhouse, initial enrollment date (if unknown, enter n/a):	
Clubhouse Decision		
Admission decision: Admitted – able to enroll Admitted – enrollment delayed Decision pending - waiting on documentation Not admitted	Reason for non-admission (if applicable): After initial conversation, individual is not interested in becoming a Clubhouse member No SMI Diagnosis Referred to another Clubhouse	Decision date: If admitted, Clubhouse EMR ID: