



Light of Hope Clubhouse Psychosocial Rehabilitation Services New Membership Application

check here if the application is for a returning member

First and Last Name	
Preferred Name	
Pronouns	she/her/hers - they/them/theirs - he/him/his - other:
Date of Birth	
Phone	
Email	
Address	
County (circle one)	Alpena - Alcona - Presque Isle - Montmorency
Emergency Contact	Name: _____ # _____

Referral Source	<input type="checkbox"/> Northeast Michigan Community Mental Health (CMH) <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Therapist <input type="checkbox"/> Family/Relative <input type="checkbox"/> Current LOH Member <input type="checkbox"/> Other (please specify): _____
Government Benefits	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> VA/Veterans Benefits <input type="checkbox"/> Healthy Michigan/ACA <input type="checkbox"/> Other (please specify): _____

Do you have a primary diagnosis of a serious mental illness? Yes No
*SMI includes, major depression, bipolar, schizoaffective, or schizophrenia. This does **not** include intellectual/developmental disorders or personality disorders.*

Do you have a case holder through CMH? Yes No I am looking to start services

Case Holder's Name: _____

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Do you have a *guardian*? Yes No

Guardian Name _____ Phone: _____

Do you live at an *AFC/Group home*? Yes No

Home Manager: _____ Phone: _____

Do you have any health concerns/limitations? Yes No

Can you be independent and manage your self-care and safety needs? Yes No

LOH cannot provide one-to-one staff support. Members must have enough self-agency to make decisions about their own behavior and participation.

In your own words, why would you like to become a member of Light of Hope Clubhouse?

What recovery goals would you like to work on at Light of Hope?

Date tour was completed:

(referral will not be reviewed prior to the tour)

I hereby acknowledge that the information on this referral form is accurate to the best of my knowledge and release this information to Light of Hope Clubhouse.

Potential Member's Signature

Date

Signature of Referral Source Representative

Date