



**CLUBHOUSE HARLEM**

## **HARLEM MEMBERSHIP APPLICATION**

Fountain House is dedicated to the recovery of people living with mental illness by providing opportunities for members to live, work, and learn, while contributing their talents through a community of mutual support.

By working together, members regain confidence, make friends, learn new skills, and make progress towards achieving their employment, social and educational goals. Membership is voluntary, free and without time limit. If you're interested in membership, please fill out the application or call our Enrollment Center at 646-485-5203 or email [jointheclubharlem@fountainhouse.org](mailto:jointheclubharlem@fountainhouse.org).

Requirements for Membership:

- Be interested in attending Fountain House, as membership is voluntary.
- Experience serious mental illness
- Be able to get to Fountain House Harlem
- Not pose a threat to our community
- Be at least 18 years of age

To apply for membership please submit the following documentation:

- Completed Fountain House Membership Application.
- Completed psychiatric attestation form signed by a licensed mental health professional.
- Copies of all Health Insurance cards if you have insurance (insurance not required for membership).
- Optional: If you have other documentation (a psychosocial or a psychiatric evaluation) to support the application, please include it

Complete Applications and supporting documentation can be sent via:  
email to [jointheclubharlem@fountainhouse.org](mailto:jointheclubharlem@fountainhouse.org),  
submitted through the Fountain House Website  
or fax 929-445-6812.

This application is solely for Fountain House membership. For any other Fountain House initiatives, please visit our website at [www.fountainhouse.org](http://www.fountainhouse.org).

## Clubhouse Application Form

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

## Clubhouse Application Form

### 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.**

## Clubhouse Application Form

Employment and Education		
<b>Highest education level on enrollment:</b>  <div style="margin-left: 20px;">                     No high school diploma/GED/TASC                      GED or TASC                      High school diploma                      Business, vocational, or technical training                      Some college but no degree                      Associate's degree                      Bachelor's degree                      Graduate degree                      Unknown                      Other: _____                 </div>	<b>Current Employment Status:</b>  <div style="margin-left: 20px;">                     Paid competitive full-time (35+ hrs/week)                      Paid competitive part-time                      Supported employment                      Transitional employment                      Temporary, seasonal, or per diem                      Employed (Unknown details)                      Paid internship                      Volunteer                      Not employed but looking for employment                      Not employed and not looking for employment                      Not employed (Unknown Details)                      Unknown                      Other: _____                 </div>	
<b>Have you worked for pay in the last 12 months?</b>  <div style="margin-left: 20px;">                     Yes                      No                      Unknown                 </div>	<b>Have you ever worked for pay?</b>  <div style="margin-left: 20px;">                     Yes                      No                      Unknown                 </div>	
Current Living Situation		
Adult home  Private residence	Supportive housing  Homeless (living in shelter)	Homeless (living on the street)  Other: _____
What is the applicant's goal(s) in joining the Clubhouse?		
<b>Please indicate Applicant's goal(s) areas in joining the Clubhouse (check all that apply):</b>		
<div style="margin-left: 20px;">                     Community/Socialization                       Education                       Employment                 </div>	<div style="margin-left: 20px;">                     Health &amp; Wellness                       Referrals to other services, such as clinical treatment or legal                 </div>	<div style="margin-left: 20px;">                     Benefits/Entitlements                       Housing                       Other: _____                 </div>

## Clubhouse Application Form

Additional Contacts					
<b>Secondary Contact Name</b>	<b>Relationship:</b>	<b>Phone Number:</b>	<b>E-mail:</b>		
<b>Tertiary Contact Name:</b>	<b>Relationship:</b>	<b>Phone Number:</b>	<b>E-mail:</b>		
<b>Statement of Clubhouse Community Integration and Safety Assurance</b>					
<p><b>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:</b></p> <p style="margin-left: 40px;">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.</p>					
<b>Clubhouse Selection and Referral Source Information</b>					
<p><b>Clubhouse selection:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p><b>Bronx</b></p> <p style="margin-left: 20px;">Goodwill Industries of Greater NY &amp; NJ, Lantern House – Hunts Point/Mott Haven</p> <p style="margin-left: 20px;">Fountain House, Bronx – Hunts Point/Mott Haven</p> <p style="margin-left: 20px;">Venture House, Bronx – Crotona/Tremont</p> <p><b>Brooklyn</b></p> <p style="margin-left: 20px;">Brooklyn Community Services, Greater Heights</p> <p style="margin-left: 20px;">Venture House, Brooklyn – Ocean Hill/Brownsville/E Flatbush</p> <p style="margin-left: 20px;">Services for the Underserved, Brooklyn – Williamsburg/Bushwick</p> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p><b>Manhattan</b></p> <p style="margin-left: 20px;">Fountain House, Midtown</p> <p style="margin-left: 20px; color: red;"><b>Fountain House, Central Harlem</b></p> <p style="margin-left: 20px;">New York Disaster Interfaith Services, Elements-Manhattan Lower East Side</p> <p style="margin-left: 20px;">Phoenix House</p> <p><b>Queens</b></p> <p style="margin-left: 20px;">Goodwill Industries of Greater NY &amp; NJ, Citiview Connections - Long Island City/Astoria</p> <p style="margin-left: 20px;">Venture House, Queens – Jamaica</p> <p><b>Staten Island</b></p> <p style="margin-left: 20px;">Venture House, Staten Island</p> </td> </tr> </table>				<p><b>Bronx</b></p> <p style="margin-left: 20px;">Goodwill Industries of Greater NY &amp; NJ, Lantern House – Hunts Point/Mott Haven</p> <p style="margin-left: 20px;">Fountain House, Bronx – Hunts Point/Mott Haven</p> <p style="margin-left: 20px;">Venture House, Bronx – Crotona/Tremont</p> <p><b>Brooklyn</b></p> <p style="margin-left: 20px;">Brooklyn Community Services, Greater Heights</p> <p style="margin-left: 20px;">Venture House, Brooklyn – Ocean Hill/Brownsville/E Flatbush</p> <p style="margin-left: 20px;">Services for the Underserved, Brooklyn – Williamsburg/Bushwick</p>	<p><b>Manhattan</b></p> <p style="margin-left: 20px;">Fountain House, Midtown</p> <p style="margin-left: 20px; color: red;"><b>Fountain House, Central Harlem</b></p> <p style="margin-left: 20px;">New York Disaster Interfaith Services, Elements-Manhattan Lower East Side</p> <p style="margin-left: 20px;">Phoenix House</p> <p><b>Queens</b></p> <p style="margin-left: 20px;">Goodwill Industries of Greater NY &amp; NJ, Citiview Connections - Long Island City/Astoria</p> <p style="margin-left: 20px;">Venture House, Queens – Jamaica</p> <p><b>Staten Island</b></p> <p style="margin-left: 20px;">Venture House, Staten Island</p>
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<p><b>Referring agency or person</b> (indicate self if this is a self-referral):</p>					
<p><b>Referring program type</b> (indicate n/a if this is a self-referral and Clubhouse if another Clubhouse):</p>					
<p><b>Name of individual making referral</b> (indicate Self if this is a self-referral):</p>					
<b>Phone # of person making referral:</b>	<b>E-mail of person making referral:</b>	<b>Fax # of person making referral:</b>			

## **Signatures and Acknowledgements**

It is very important that all components of this application are absolutely complete. Any missing or incomplete components will, unfortunately, delay the application process. In addition, it is helpful to include all documents at the same time.

Clubhouse operations track and manage data on member utilization of services. Member data and utilization data is used for program evaluation, quality assurance, reimbursement, reporting, and research. Operational data on members and service utilization is deidentified, anonymous, and reported in the aggregate when used for the purpose of external research and projects.

By signing below the prospective member or referrer is attesting to the accuracy of the information contained in this application and acknowledging Clubhouse practices.

\_\_\_\_\_  
*Prospective Member Signature* Date: \_\_\_\_\_

\_\_\_\_\_  
*Referral Source Signature (if applicable)* Date: \_\_\_\_\_

☐ Check if referral from Clubhouse Enrollment Center (for applicant review team only).