



Fountain House Portal – How to Complete an Application

Guide to Each Step to Complete an Application in the Fountain House Portal

Step 1

- Go to the Fountain House Portal Sign In Page and sign in:
<https://clienttrack.eccovia.com/portal/default.aspx?CustomerID=FountainHouse>
 - **Note: Your username is your email address.**
- Click the Create New Application button.

A screenshot of the Fountain House Portal application page. The page has a dark header with "Home" and "Application" links on the left, and "Welcome" and a user icon on the right. The main content area features the Fountain House logo at the top. Below the logo, a message states: "We're excited for you to join our community! The application takes 10 minutes and you can save and return anytime." This is followed by a section titled "What you'll need:" which lists four items: "Psychiatric Attestation Form (signed by a licensed professional)" with sub-links for "New York Psychiatric Attestation form" and "Hollywood Psychiatric Attestation form" (noting that Hollywood applicants must be unhoused or live/work/receive services within the Hollywood 2.0 boundaries); "Copies of all health insurance cards (membership is always free)"; and "Psychiatric/psychosocial evaluations (optional but encouraged)". Below this is a "Need help?" section with contact information for the Enrollment Center (646-485-5203 or email) and four email addresses for different locations: Fountain House Hell's Kitchen, Fountain House Bronx, Fountain House Harlem, and Fountain House Hollywood. At the bottom of the page, a blue button labeled "Create New Application" is highlighted with a red rectangular border.

Step 2

- For Submission Type,
 - If you are the Member, select "I am the prospective member."
 - If you are the Provider, select "I am entering on behalf of the prospective member." Select Relationship and Complete all the required fields on the Application.
- Complete all the required fields on the Application.
- Click Next.

Complete the prospective member's identifying information, basic demographics, contact information, and housing situation.

Submission Type: * I am the prospective member ▼

Which Clubhouse are you applying to? * Fountain House Harlem ▼

-- SELECT --

Clubhouse

Fountain House Bronx

Fountain House Harlem

Fountain House Hollywood

Fountain House Midtown

Identifying Information

First Name: *

Middle Name:

Last Name: *

Have Different Legal Name? -- SELECT -- ▼

Birth Date: * 09/01/1980 📅 ⓘ

Social Security Number:

Enter the full SSN ☐

Basic Demographics

Gender: * Man ▼

Race: *

American Indian, Alaska Native, or Indigenous

Asian or Asian American

Black, African American, or African

Hispanic/Latina/o

Native Hawaiian or Pacific Islander

White (includes Middle Eastern and North African)

Other

Member doesn't know

Member prefers not to answer

Hispanic/Non-Hispanic: * Hispanic or Latino/Latina ▼

Primary Language: * English ▼

English Proficiency: * Excellent ▼

Step 3

- In Psychiatric Diagnosis, select the diagnosis.
- Click Save & Next.
- If you don't have this information at this time, click Skip.

Psychiatric Diagnosis

Please indicate applicant's diagnoses below.

☐ Current Diagnosis ¹

Other

☐ Schizophrenia

☐ Schizoaffective disorder (all types)

☐ Major Depressive Disorder (all types)

☐ Bipolar 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

☐ Other specified bipolar and related disorder

☐ Unspecified bipolar and related disorder

☐ Unspecified depressive disorder

☐ Posttraumatic stress disorder

☐ Obsessive compulsive disorder

☐ Panic disorder

☐ Agoraphobia

☐ Generalized anxiety disorder

☐ Anorexia nervosa

☐ Other

⏮ Skip

Save & Next ⏭

Step 4

- Under Education & Employment select Highest Academic Level and Current employed status.
- Complete the required fields and Click Save & Next.
- If you don't have this information at this time, click Skip.

Education

Highest Academic Level: Other ▼

Other Level: * Test Other Edu

Employment

Current employed status? Other ▼

Other: * Test Other Employment

Have you worked for pay in the last 12 months? * No ▼

Have you ever worked for pay? * Yes ▼

Step 4

- Under Referral, Safety, and Goals,

If you are the member:

- For the question "Is this a Self-Referral", select YES.
- Complete the required info.
- Click Save & Next.
- If you don't have this information at this time, click Skip.

Referral, Safety, and Goals

Is this a Self-Referral: * Yes ▼

State of Clubhouse Community Integration and Safety Assurance

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 by selecting yes or no below:

To the best of my knowledge, 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.

* -- SELECT -- ▼

Goals

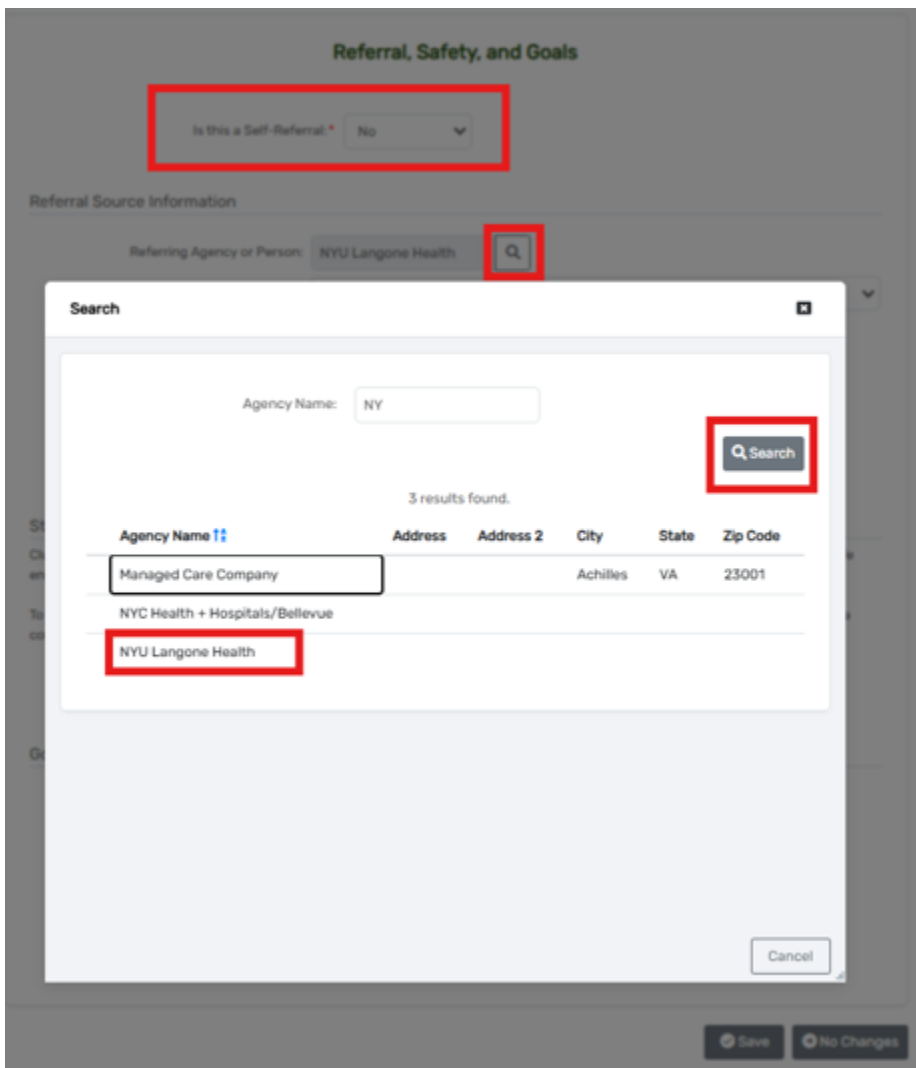
Please indicate applicant's goal(s) areas in joining the * Clubhouse:

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

Save No Changes

If you are the provider:

- For the question "Is this a Self-Referral", select NO.
- Click the search icon next to Referring Agency or Person field.
- A window opens for you to search for Agency Name.
- Enter some part of the agency name, Click Search and select the Agency Name from the list.



The screenshot shows a web form titled "Referral, Safety, and Goals". At the top, there is a dropdown menu labeled "Is this a Self-Referral" with "No" selected. Below this is a section titled "Referral Source Information" with a field for "Referring Agency or Person" containing "NYU Langone Health". A search icon is next to this field. A search modal window is open, showing a search bar with "NY" entered. A "Search" button is highlighted. Below the search bar, it says "3 results found." and lists three results in a table:

Agency Name	Address	Address 2	City	State	Zip Code
Managed Care Company			Achilles	VA	23001
NYC Health + Hospitals/Bellevue					
NYU Langone Health					

The "NYU Langone Health" result is highlighted with a red box. At the bottom of the modal, there is a "Cancel" button. At the bottom of the main form, there are "Save" and "No Changes" buttons.

Step 5

If you are the member:

- Skip this step and go to Step 6.

If you are the provider:

- Select the Agency Type and Name of individual making the referral.



- If you do not see the individual's name in the list, Select Other and enter Other Name as a required field.
- Complete the remaining required info.
- Click Save & Next.
- If you don't have this information at this time, click Skip.

Referral, Safety, and Goals

Is this a Self-Referral: *

Referral Source Information

Referring Agency or Person:

Agency Type:

Name of individual making referral:

Other Name:

Phone # of person making referral:

Email of person making referral:

Fax # of person making referral:

State of Clubhouse Community Integration and Safety Assurance

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 by selecting yes or no below:

To the best of my knowledge, 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.

*

Goals

Please indicate applicant's goal(s) areas in *
joining the Clubhouse:

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

Step 6

- Under Contacts, complete the required info.
- Click Save & Next.
- If you don't have this information at this time, click Skip.

Contact

Verify Complete: ☐

+

Type*	Relationship	Name* 12	Phone Number	Phone Type
☐ Emergency	Spouse	Spouse Name	564-780-9890	* Cell phone
☐ -- SELECT --				

Step 7

- Under Signature and Acknowledgement, sign the form and Click Save & Next.
- If you don't have this information at this time, click Skip.

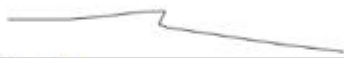
Signature and Acknowledgement

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 engagements. Member data and utilization data is used for program evaluation, quality assurance, reimbursement, reporting, and research. Operational data on members and engagement 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.

Referral Source Signature (if applicable): *



[Clear Signature](#)

Name: *

Date: 9/23/2025

Step 8

If you are the member:

- Skip this step and go to step 9.

If you are the provider:

- Click File Upload.
- Click Choose File.
- Select the Attestation file to upload and click Open.
- Back on the File Upload page, click Save & Next.
- Note: As a Provider submitting the application on the applicant's behalf, you must upload the Attestation or Psych Evaluation file before you can Submit the Application.
- If you don't have this information at this time, click Skip.

File Upload

Upload Documents

Upload any of the below documents you may have. You must upload a Diagnosis Attestation or Psychiatric Evaluation before the application can be submitted.

Save Record	Verification Item ↑↓	Comment	Issuance Date	Expiration Date	Upload File*
☒	Diagnosis Attestation		MM/DD/YYYY 	MM/DD/YYYY 	Choose File 
☐	Psychiatric Evaluation		MM/DD/YYYY 	MM/DD/YYYY 	Choose File 
☐	Psychosocial Assessment		MM/DD/YYYY 	MM/DD/YYYY 	Choose File 
☐	Insurance Cards		MM/DD/YYYY 	MM/DD/YYYY 	Choose File 

 Save
 No Changes

Step 9

If you are the provider:

- Skip this step and go to step 10.

If you are the member:

- The File Upload Page displays. Answer the question: "I need help finding a provider who can complete the attestation."
 - If you need help from Fountain House Enrollment Center to find a provider, select YES and they will reach out to you to help you find a provider to complete your attestation.
- If you already have a provider, enter the Provider Name and Phone number as required fields. Email is optional.
- **Since you are completing this application as the Prospective Member, the attestation is NOT required.**
- Click Save & Next.
- If you don't have this information at this time, click Skip.

File Upload

Provider Information

Please enter the contact information for the provider who will complete your attestation.

I need help finding a provider who can complete the *
attestation:

Provider Name: *

Phone Number: *

Email:

Upload Documents

Upload any of the below documents you may have. We will reach out to the provider you have indicated to obtain the required Diagnosis Attestation or Psychiatric Evaluation.

Save Record	Verification Item ⓘ	Comment	Issuance Date	Expiration Date	Upload File*
☐	Diagnosis Attestation		MM/DD/YYYY	MM/DD/YYYY	Choose File
☐	Psychiatric Evaluation		MM/DD/YYYY	MM/DD/YYYY	Choose File
☐	Psychosocial Assessment		MM/DD/YYYY	MM/DD/YYYY	Choose File
☐	Insurance Cards		MM/DD/YYYY	MM/DD/YYYY	Choose File

Step 10

- You'll return to the Application List.
- If you completed all the steps without skipping anything, you will see your application in the list under Started with the progress percentage = 100% and button on the right to Submit Application.
- Click Submit Application.

	Application Date	First Name	Middle Name	Last Name	Status	Progress	
▼ Started							
View Application Forms	08/28/2025	Brittany		Spears	Started	100 %	Submit Application



Step 11

- Once submitted, you will get a message letting you know that your application was submitted.

FOUNTAIN HOUSE

This record is not editable. You may view but not alter this record.

✔ **Success!**
Your application was submitted to Fountain House. We will contact you if we have any questions or when a decision on your application has been made.

← Back

Powered by [ClientTrack](#)

- Click Back, you should see your application in the Application List under the Submitted section.

[New Application](#)

Your applications submitted for yourself and/or on behalf of others will be displayed below. You can review the application forms by clicking on the View Application Forms link next to the Application Date. To submit a new application on behalf of another, click on the New Application button above.

After you have completed all the forms, you will then be able to submit your application by clicking on the red button labeled as "Submit Application".

For further assistance, contact the Enrollment Center at 646-485-5203.

	Application Date	First Name	Middle Name	Last Name	Status	Progress
▼ Started						
View Application Forms	10/22/2025	Joan		Miro	Started	28.57 %
View Application Forms	10/22/2025	Test		Test	Started	0 %
View Application Forms	10/22/2025	Gelato		Ville	Started	14.29 %
▼ Submitted						
View Application Forms	10/22/2025	Rocket		Ship	Submitted	100 %

Step 12

- If you are the member:
 - Skip to step 13.



- If you are the provider, you are able to submit applications for more than one applicant.
- From the Application List, Click New Application button on the top right to start a new application.
- From here, return to Step 1 and continue to repeat these steps for each application you are submitting on behalf of each new prospective member as needed.



[New Application](#)

Your applications submitted for yourself and/or on behalf of others will be displayed below. You can review the application forms by clicking on the View Application Forms link next to the Application Date. To submit a new application on behalf of another, click on the New Application button above. For further assistance, contact the Enrollment Center at 646-485-5203.

	Application Date	First Name	Middle Name	Last Name	Status	Progress
▼ Started						
View Application Forms	09/10/2025	Roberta	[BX Portal]	Flack	Started	71.43 %
View Application Forms	09/10/2025	Gloria	[HW Portal]	Gaynor	Started	28.57 %
▼ Submitted						
View Application Forms	08/08/2025	Night		Crawler	Submitted	57.14 %
View Application Forms	09/09/2025	Diana	[HW Portal test]	Ross	Submitted	100 %
View Application Forms	09/23/2025	Jennifer	Portal	Lopez	Submitted	100 %
View Application Forms	09/23/2025	Brittany		Spears	Submitted	100 %

Step 13

If you completed and submitted the application(s):

- Skip to Step 17.

If you skipped any sections of the application(s):

- You will return to the Application List and see your Application in the list under "Started" with Application Date, Name, Status and Progress percentage indicator
- Click View Application Forms to return to the Application you started.



- Note: Incomplete applications will be saved in the portal for 60 days. You can return to the application during this time to complete it and submit it.

	Application Date	First Name	Middle Name	Last Name	Status	Progress
▼ Started						
View Application Forms	09/02/2025	Jennifer	Portal	Lopez	Started	75.43 %

Step 14

- Click on any section(s) that you were unable to complete before.

Progress 4 out of 7

Application Information	Complete
Psychiatric Diagnosis	Complete
Education & Employment	Complete
Referral, Safety, and Goals	
Contacts	
Signature and Acknowledgement	Complete
File Upload	

Step 15

- Complete the required information and click Save.
- If you still don't have the information at this time, click No Changes.

Application Information — Psychiatric Diagnosis — Education & Employment — Referral, Safety, and Goals — **Contacts** — Signature — File Upload

Contacts

+

Type*

Relationship

Name*

Phone Number

Phone Type

☐

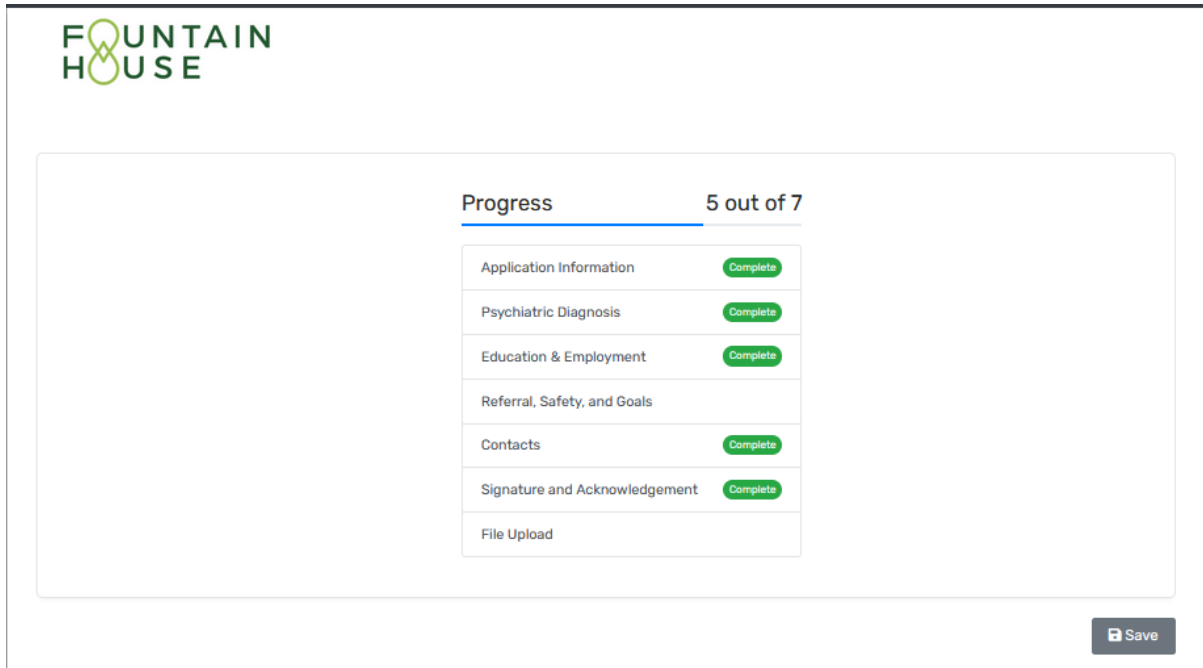
-- SELECT --

Save

No Changes

Step 16

- After completing the section, you'll return to the Progress screen.
- Click Save when you are finished with the application.
- If your application has 100% progress:
 - Return to step 10 to submit it.
- If your application does not have 100% progress:
 - Return to step 13 to complete it.



The screenshot shows the Fountain House logo at the top left. Below it is a large white box containing a progress table. The table has two columns: the section name and a 'Complete' button. The sections are: Application Information, Psychiatric Diagnosis, Education & Employment, Referral, Safety, and Goals, Contacts, Signature and Acknowledgement, and File Upload. The first six sections have green 'Complete' buttons, while the last one, 'File Upload', has a greyed-out button. Above the table, the text 'Progress' is underlined, and '5 out of 7' is displayed. At the bottom right of the white box is a grey 'Save' button.

Progress	5 out of 7
Application Information	Complete
Psychiatric Diagnosis	Complete
Education & Employment	Complete
Referral, Safety, and Goals	
Contacts	Complete
Signature and Acknowledgement	Complete
File Upload	

Save

Step 17

- Click your username in the top right corner of the page display the options: Change My Password or Sign Out.
- Click Sign Out.

