

# FOUNTAIN HOUSE BRONX

*Para ayuda con este formulario en español, llama al número (718) 742-9884*

To Whom It May Concern:

To be considered for membership, the following must be submitted:

1. A Fountain House Bronx Membership Application and supplementary substance abuse questionnaire (included at the end of application)
2. A detailed psychosocial summary, current or updated within last 90 days
3. A detailed psychiatric assessment, current or updated within last 90 days, signed off by an MD and/or Nurse Practitioner
4. Copies of all Health Insurance cards

It is helpful when all four of these components are submitted together.

*Please note that we do not accept referrals for housing.*

## **Home and Community Based Services (HCBS)**

When referring for Home and Community Based Services (HCBS) at Fountain House please mail level of Service Determination, Eligibility Summary, along with a Plan of Care (POC) to Nicole Pickett, MEd, Director of Managed Care Relations via fax, (212) 582-9869 or to the Fountain House address above, Attn: Nicole Pickett. If you have questions about HCBS at Fountain House, please call (212) 582-3155.

If you have a question or need assistance in any way, please contact the Membership Office at (718) 742-9884, Ext. 18.

Application information can be sent via fax to (718) 742-9867, emailed to [info@fountainhousebx.org](mailto:info@fountainhousebx.org) or by mail to:

Fountain House Bronx  
Attn: Membership Office  
564 Walton Avenue  
Bronx, NY 10451

Thank You,  
The Membership Team

## MEMBERSHIP APPLICATION

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

A working community is at the heart of our model. By working together, members regain confidence, make friends, learn new skills, and make progress towards achieving their employment and educational goals. This opportunity to be a part of a successful working community is restorative and builds dignity and self-esteem.

To be eligible for membership an applicant must:

- Be interested in attending Fountain House Bronx, as membership is voluntary.
- Have a primary presenting problem associated with severe and persistent mental illness.
- Be able to get to Fountain House Bronx.
- Not pose a threat to our community
- Be at least 16 years of age.

Fountain House does not discriminate on the basis of race, color, religion, sex, age, national origin, veteran status, sexual orientation, gender identity, disability, or any other basis of discrimination prohibited by law.

*“The Clubhouse has control over its acceptance of new members”*  
Standard #2, International Standards for Clubhouse Programs, ICCD

**Prospective Member**

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Place of Birth: \_\_\_\_\_

**Address**

Street: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ County: \_\_\_\_\_  
How long have you resided here? \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Who is recommending you?**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
Phone: \_\_\_\_\_ Type of Agency: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Why would Fountain House be a good place for you?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check here if you have had a tour of Fountain House.

Date of tour: \_\_\_/\_\_\_/\_\_\_

**Current Housing Type** (circle one)

- |  |  |
|--|--|
| 1). Own Home/ Apartment (Non-subsidized) | 8). Supervised Housing (Part-time Supervision) |
| 2). Home of Family Member                | 9). Foster Care                                |
| 3). Rooming/ Boarding House, Hotel       | 10). Psychiatric Hospital                      |
| 4). SRO (Temporary)                      | 11). Nursing Home                              |
| 5). Supported Apt. (Subsidized)          | 12). Prison/ Jail                              |
| 6). 24 Hr. Supervised Housing            | 13). Shelter                                   |
| 7). Supportive Apartment                 | 14). Homeless/ Undomiciled                     |

Do you live alone or with others? \_\_\_\_\_ if so, with whom? \_\_\_\_\_

Do you have a history of homelessness? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Do minor children reside in your home? \_\_\_\_\_  
If so, is there or has there ever been any ACS (Administration for Children's Services) involvement? \_\_\_\_\_

**Income** (circle all that apply & enter monthly amounts)

SSI: \$ _____	Family/Family Support: \$ _____	Veteran's Benefits: \$ _____
SSDI: \$ _____	SNAP: \$ _____	Public Assistance: \$ _____
Wages: \$ _____	Retirement Benefits: \$ _____	Other: _____
		Total Income: \$ _____





**Medications** (please list all medications with respective dosage & frequency)

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**Psychiatric Hospitalizations**

Total # of Hospitalizations: \_\_\_\_\_

Please list all hospitalizations beginning with the first. Be sure to indicate the most recent.

Indicate name of hospital & dates:

- |     |      |
|-----|------|
| 1). | 6).  |
| 2). | 7).  |
| 3). | 8).  |
| 4). | 9).  |
| 5). | 10). |

Please indicate precipitants to these hospitalizations: \_\_\_\_\_

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**Substance Abuse History**

Please answer all questions.

<u>Alcohol</u>		<u>Drugs</u>	
<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>

Do you have a history of alcohol or drug abuse?

If an alcohol or substance abuse history exists, please elaborate:

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Name of Substance	Date Started	Last Use

Have you ever been in treatment for an alcohol or drug problem? **YES** **NO**

If so, when and where? \_\_\_\_\_

Are you currently in treatment or in a support group for alcohol or drug abuse? **YES** **NO**

If so, when and where? \_\_\_\_\_

Are you interested in being in treatment or a support group for alcohol or drug abuse? **YES** **NO**



## Substance Abuse Questionnaire

The following is a questionnaire, required by one of our funding sources. Please note that your answers to these questions do not affect your acceptance to Fountain House.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

When thinking about drug use, include illegal drug use and the use of prescription drug use other than prescribed.

### Questions:

1. Have you ever felt that you ought to cut down on your drinking or drug use?

YES NO

2. Have people annoyed you by criticizing your drinking or drug use?

YES NO

3. Have you ever felt bad or guilty about your drinking or drug use?

YES NO

4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

YES NO

CAGE-AID Questionnaire