Goddard Riverside

TOP Clubhouse

APPLICATION INFORMATION

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

1. TOP Clubhouse membership application
2. Psychosocial or Psychiatric Evaluation
3. Copy of ID

If you have a question or need assistance in any way, please contact TOP Clubhouse at **(212) 799-7171**.

Applications can be submitted by:

Email: topofficecenter@goddard.org

Fax: (646) 839-1276

Mail:

TOP Clubhouse
Attn: Enrollment
263 West 86th Street
New York, NY 10024

Goddard Riverside

TOP Clubhouse

MEMBERSHIP APPLICATION

TOP Clubhouse 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 TOP Clubhouse, as membership is voluntary
- Have a mental illness diagnosis such as bipolar disorder, schizophrenia, schizoaffective disorder, or depression
- Be able to get to TOP Clubhouse
- Not pose a threat to our community
- Be at least 18 years of age
- Insurance is **not** required

TOP 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. Membership is open to anyone with a history of mental illness, unless that person poses a significant and current threat to the general safety of the Clubhouse community."
-Standard #2 for Clubhouse Programs, Clubhouse Internationa

Clubhouse International ACCREDITED

Prospective Member Information

First Name:_____MI:____Last Name: _____

If you are not known by your legal name, please enter your preferred name below:

_____ Preferred Pronouns: _____

Date of Birth:_____/____/_____ Social Security Number:_____-_____-_____

Gender Identity

☐ Woman	☐ Man
☐ Transgender Woman	☐ Transgender Man
☐ Other Gender	☐ Non-Binary

Race and Ethnicity

☐ Alaskan Native/American Indian	☐ Asian
☐ Latino/Latina	☐ Black/African American (Non-Latino)
☐ Native Hawaiian/Pacific Islander	☐ White (Non-Latino)
☐ Mixed Race	☐ Other

Sexual Orientation

☐ Heterosexual/Straight	☐ Bisexual
☐ Lesbian	☐ Gay
☐ Undisclosed	☐ Other Sexual Orientation

Address

Street:_____Apartment: _____

City:_____State:_____Zip Code: _____

Landline Phone: _____ Mobile Phone: _____

Email: _____

Housing Type (choose one):

☐ Own Home/Apartment (non-subsidized)	☐ Supportive Apartment
☐ Home of Family Member	☐ Nursing Home
☐ Single Room Occupancy (SRO)	☐ Shelter
☐ Supported Aptartment (Subsidized)	☐ Homeless/Undomiciled
☐ 24 Hr. Supervised Housing	

Do you have children under the age of 18 residing in your home? ☐ YES ☐ NO

If YES, is there/has there been an open ACS case? ☐ YES ☐ NO

Do you have a history of homelessness? ☐ YES ☐ NO
If YES, in the past 12 months? ☐ YES ☐ NO

Please explain any homelessness history: _____

_____

_____

_____

Veteran Status: Are you a veteran? ☐ YES ☐ NO

Primary Language, If other than English: _____

Referral Information:

Self-referral: ☐ YES ☐ NO... If NO, please fill out referrer information below.

Name of referrer: _____ Phone: _____

Email: _____

Agency Name: _____

☐ Check if you've had a tour of the Clubhouse

What is your main goal in joining Clubhouse?

☐ Community/Socialization ☐ Education ☐ Employment ☐ Health & Wellness

☐ Benefits/Care Management ☐ Housing ☐ Other

Why would the Clubhouse be a good place for you?

What challenges or barriers are keeping you from achieving your goals?

Benefits and Entitlements

(Please check all that apply with ID # and $ amounts)

☐ SSI #_____ $_____ Start Date_____ Payee_____	
☐ SSDI #_____ $_____ Start Date_____ Payee_____	
☐ SNAP: $_____	☐ Public Assistance: $_____
☐ Veteran Benefits: $_____	☐ Retirement Benefits: $_____

Medical Insurance

(Not necessary for membership)
Please provide Insurer name and policy number if you have insurance.

☐ Straight Medicaid	Provider:_____	ID #_____	Effective Date:_____
☐ Medicare	Provider:_____	ID #_____	Effective Date:_____
☐ Private	Provider:_____	ID #_____	Effective Date:_____
If Medicaid Managed Care, please include name of managed care company:			

Education

(Please check highest academic level)

☐ None	☐ Some High School	☐ GED/TASC
☐ High School Diploma	☐ Trade School	☐ Some College
☐ Associate's Degree	☐ Bachelor's Degree	☐ Some Graduate Work
☐ Master's Degree	☐ Advanced Graduate Degree	

Employment History

Are you currently employed? ☐**YES** ☐**NO**

If NO, have you worked in the last 12 months? ☐**YES** ☐**NO**

If NO, have you ever worked for pay? ☐**YES** ☐**NO**

Medical and Health Conditions

(Check all that apply)

☐ Mobility Impairment	☐ Severe Allergic Reactions
☐ Asthma	☐ New Psychiatric Medication
☐ Blind/Visual Impairment	☐ Deaf/Hearing Impairment
☐ Emphysema	☐ Diabetes
☐ Epilepsy/Seizure Disorder	☐ Hypertension
☐ Other:	

Medical & Psychiatric Contacts

Psychiatrist: _____

Agency: _____ Phone: (_____)_____-_____

Address: _____ Email: _____

How long have you been seeing this psychiatrist? _____years_____months

Primary Care Doctor: _____

Agency: _____ Phone: (_____)_____-_____

Address: _____ Email: _____

How long have you been seeing this medical doctor? _____years_____months

Therapist: _____

Agency: _____ Phone: (_____)_____-_____

Address: _____ Email: _____

How long have you been seeing this Therapist? _____years_____months

Emergency Contact

Full name: _____

Phone: (_____)_____-_____ Relationship: _____

Psychiatric Diagnosis (DSM V):

☐ Schizophrenia ☐ Schizoaffective ☐ Major Depressive Disorder ☐ Bipolar

☐ Other: _____

Secondary Diagnosis: _____

Medications

Please list all relevant psychiatric, medical, and chronic health related medications.

Name:________________________	Dosage:__________	Strength:________	Freq: _______	Start Date: ______________
Name:________________________	Dosage:__________	Strength:________	Freq: _______	Start Date: ______________
Name:________________________	Dosage:__________	Strength:________	Freq: _______	Start Date: ______________
Name:________________________	Dosage:__________	Strength:________	Freq: _______	Start Date: ______________
Name:________________________	Dosage:__________	Strength:________	Freq: _______	Start Date: ______________
Name:________________________	Dosage:__________	Strength:________	Freq: _______	Start Date: ______________
Name:________________________	Dosage:__________	Strength:________	Freq: _______	Start Date: ______________
Name:________________________	Dosage:__________	Strength:________	Freq: _______	Start Date: ______________
Name:________________________	Dosage:__________	Strength:________	Freq: _______	Start Date: ______________

Substance Use History

Do you currently smoke tobacco or use tobacco products?
☐ YES ☐ NO

Do you have a history of smoking or using tobacco products?

☐ YES ☐ NO If YES, in the pat 12 months? ☐ YES ☐ NO

Do you have a history or alcohol or drug abuse? Your answers will not influence your application decision.

Alcohol ☐ YES ☐ NO If YES, in the past 12 months? ☐ YES ☐ NO
Drugs ☐ YES ☐ NO If YES, in the past 12 months? ☐ YES ☐ NO

Legal History

Please answer all questions

Have you ever been in jail?	☐ YES ☐ NO
Have you ever been in prison?	☐ YES ☐ NO
Have you ever been convicted of a misdemeanor?	☐ YES ☐ NO
Have you ever been convicted of a felony?	☐ YES ☐ NO
Have you ever physically injured another person?	☐ YES ☐ NO
Do you have any history of violent behavior?	☐ YES ☐ NO

Have any of the above occured in the past 12 months? ☐ YES ☐ NO
Please explain any Legal History:

____

____

____

____

Questionnaire and Surveys: *Answers to these questions do not affect your acceptance to Clubhouse.*

Taking everything into consideration, during the past year how satisfied have you been with your…	*Very Poor*	*Poor*	*Fair*	*Good*	*Very Good*
...physical health?	☐	☐	☐	☐	☐
...mood?	☐	☐	☐	☐	☐
...work?	☐	☐	☐	☐	☐
...household activities?	☐	☐	☐	☐	☐
...social relationships?	☐	☐	☐	☐	☐
...family relationships?	☐	☐	☐	☐	☐
...leisure time activities?	☐	☐	☐	☐	☐
...ability to function in daily life?	☐	☐	☐	☐	☐
...economic status?	☐	☐	☐	☐	☐
...living/housing situation?	☐	☐	☐	☐	☐
...ability to get around physically without feeling dizzy or unsteady or falling?	☐	☐	☐	☐	☐
...your vision in terms of ability to do work or hobbies?	☐	☐	☐	☐	☐
...overall sense of well-being?	☐	☐	☐	☐	☐
...medication? (If not taking any, check here ☐ and leave item blank.)	☐	☐	☐	☐	☐
...How would you rate your overall life satisfaction and contentment during the past year?	☐	☐	☐	☐	☐

Please indicate your agreement or disagreement with the following statements:	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
My life has a clear sense of purpose…	☐	☐	☐	☐	☐
I am optimistic about my future…	☐	☐	☐	☐	☐
I feel good most of the time…	☐	☐	☐	☐	☐
What I do in life is valuable and worthwhile…	☐	☐	☐	☐	☐
I can succeed if I put my mind to it…	☐	☐	☐	☐	☐
I am achieving most of my goals…	☐	☐	☐	☐	☐
In most activities I do, I feel energized…	☐	☐	☐	☐	☐
There are people who appreciate me as a person…	☐	☐	☐	☐	☐
I feel a sense of belonging in my community…	☐	☐	☐	☐	☐

PLEASE answer the following questions:				
How often do you feel that you lack companionship	☐ Hardly Ever	☐ Some of the time	☐ Mostly	☐ Completely
How often do you feel left out?	☐ Hardly Ever	☐ Some of the time	☐ Mostly	☐ Completely
How often do you feel isolated from others?	☐ Hardly Ever	☐ Some of the time	☐ Mostly	☐ Completely

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.

_____ Date: _____

Prospective Member Signature

_____ Date: _____

Referral Source Signature (if applicable)

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