



WHAT MAKES THE CLUBHOUSE A SPECIAL COMMUNITY?

- You are welcome to be here as a member and not a client or patient
- We are **not clinical treatment**
- We **do not** provide immediate housing services
- Our focus is on relationships, skills, and your strengths - **not** your diagnosis or symptoms
- Attendance is voluntary; you can attend as often as you like for as long as you like
- A safe place to engage with others free from judgement
- A community of peers
- All decisions are made by consensus; your voice and opinions matter!

WHAT KIND OF BENEFITS AND HELP CAN YOU GET AT THE CLUBHOUSE?

Our members receive support in many ways by being a part of the clubhouse. These benefits include:

- ❖ Engaging in meaningful work
- ❖ Learning to be more independent
- ❖ Meeting new people and potential friends
- ❖ Accessing employment supports
- ❖ Accessing nutritious low cost meals
- ❖ Accessing housing opportunities/supports
- ❖ Accessing vocational rehabilitation opportunities
- ❖ Gaining more confidence
- ❖ Accessing wellness activities
- ❖ Accessing Educational resources/supports
- ❖ Completing short and long-term goals
- ❖ Belonging to a community to prevent isolation

HERE'S WHAT WE ASK OF MEMBERS: (Please check all that apply)

- Be at least 18 years old and have a persistent mental illness
- Be willing to help with the work-ordered day (WOD)
- Be willing to refrain from alcohol/illegal drug use while at Clubhouse
- Be active in your own personal wellness and recovery plan
- Be able to provide your own physical self-care while at Clubhouse (activities of daily living)
- Be able to regulate emotions and not be in acute crisis. We are not a crisis center.

THE CLUBHOUSE IS A SUPPORTIVE COMMUNITY FOR ADULTS LIVING WITH PERSISTENT MENTAL ILLNESS

Mental illness is complex and often misunderstood:

- Mental illness is **not** an intellectual, learning, or developmental disorder
- You can have a history of substance use and **not** have a mental illness
- Autism spectrum disorders alone are **not** a qualifying diagnosis
- Traumatic brain injury alone is **not** a qualifying diagnosis
- If you have one of the conditions above, the Clubhouse may not be right for you.

At Oasis Clubhouse, we serve individuals with a primary diagnosis including but not limited to the following types of conditions:

- Schizophrenia and other Psychotic Disorders
- Bipolar and related Mood/Depressive Disorders
- Anxiety Disorders
- Post-Traumatic Stress

I, _____, affirm that the information disclosed in this referral is accurate to

(Healthcare Professional, Print Name)

the best of my knowledge.

(Healthcare Professional, Signature)

(Date)

Oasis Clubhouse Referral Form

Prospective Member's Name _____ Date of Referral _____

Maiden Name _____

Pronouns _____

Address _____

Telephone # _____

County _____

Social Security # _____

Email Address _____

Date of Birth _____ Age _____ Marital Status: Married _____ Divorced _____ Never Married _____

of People Contributing to Income _____ # of People Dependent on Income _____

Living Situation? Alone With Family/Relatives With Non-Related Persons

Any history of homelessness? yes no

Considered Low Income? (less than \$34,200 a year for single person household) Yes No

Veteran Status: Yes No

Race: White Black or African American American Indian or Alaskan Native

Native Hawaiian or Pacific Islander Asian Other _____ Choose not to Specify

Psychiatric History

Diagnoses

Medications

Current Mental Health Service Provider

Date started seeing _____

Name _____ Agency _____

Address _____ Email _____

Phone # _____

Circle One: Case Manager/ Therapist/ Psychiatrist/ Psychologist/ Primary Care/ Other _____

History of Previous Hospitalizations [number, precipitating events, etc.]

Date of Most recent hospitalization _____

Substance Abuse History

Describe history of use/what substance or drug of choice/treatment/usual route of administration/ frequency of use in last 30 days/age first used/sober time:

Alcohol Yes No

Nicotine/Tobacco Yes No

Marijuana Yes No

Opioid Yes No

Other [specify: _____]

Violent/Criminal History

Legal/Criminal History Yes No

History of Violence Yes No

Has Individual been arrested in the last 30 days? Yes No Last 12 months? Yes No Describe history, include dates and action taken:

Probation? Yes No

Prison? Yes No

Felony? Yes No

Convictions? Yes No

Educational History

Level of Education completed: _____

Education History: (successes, goals set but not achieved, etc.)

Employment History

Currently Employed? Yes No

If Yes, Part-Time or Full-Time? _____

Last 12 months? _____

Total Years Employed _____

Total # of jobs: _____

Additional Vocational History: _____

Current Daily Activity: _____

Medical Information

Medical Alerts or Physical Disability _____

Primary Family Doctor _____

Address and Phone: _____

Referred by _____ Agency _____

Phone Number _____

Medicare: Yes No

Medicaid: Yes No

SSI: Yes No

SSDI: Yes No

How did you hear about Oasis Clubhouse? _____

What are your specific goals with Clubhouse? _____

Will you be requesting special accommodations? _____

EMAIL TO REFERRALS@OASISCHOK.ORG OR

MAIL/DROP OFF TO: 313 E 33rd STREET, EDMOND, OK 73013