NEPONSET RIVER HOUSE CLUBHOUSE REFERRAL FORM

Prospective Member:								**Date**	
DOB:		Gender Identity: <select one>							
Address:									
City:		State:		Zip:		Telephone:			

Part One – Referral Source Information			
Name:		Role/Relationship:	
Address:			

City:		State:		Zip:		Telephone:	

Part Two – Prospective Member Mental Health Information

DIAGNOSES

Code	Description

Please describe the prospective member's other current supports (for example - therapist, prescriber, medications):

Please describe any stressors for the prospective member we should be aware of:

Please describe the prospective member's alcohol/drug use (include history and current situation, person's awareness of substance use disorder if applicable):

Please describe the prospective member's ability to handle conflict with others in the community:

Please describe how the prospective member's mental health challenges may interfere with or limit one or more major life activities:
Please describe how you believe the prospective member would benefit from being part of the Neponset River House community:

Part Three		
Referral Signature:		Date:

Part Four – Clubhouse Use Only		
Individual Meets Clubhouse Services Membership Criteria	☐ Yes	☐ No
Clubhouse Director Signature:		Date:

Revised on 10/18/23, Revised on 1/31/24. Revised 10/9/26 – This form fulfills DMH requirements for contract and billing.