NEPONSET RIVER HOUSE CLUBHOUSE SELF-REFERRAL FORM

Prospective Member:		**Date:**	
DOB:		Gender Identity:	Preferred Pronouns:
Race:		Ethnicity:	Preferred Language:
Address:			City:
State:	Zip:	Telephone:	Email:

Clubhouses provide support for people living with serious mental health challenges.

Please describe the mental health challenges you face (for example: impact on day to day living, challenges or barriers that interfere with you achieving your goals, psychiatric diagnoses, etc.)

Current Providers & Supports

Are you currently receiving any services through Riverside Community Care: ☐ Yes ☐ No

Please list your current providers and/or supports (from Riverside or otherwise):

#1	
#2	
#3	
#4	
#5	
#6	

Primary Reason for wanting to attend the Clubhouse – please check all that apply:

Employment	☐	Life Skills	☐
Education	☐	Socialization	☐
Health & Wellness	☐	Other (Please list)	
Housing Assistance	☐		

Transportation

Our Clubhouse does not typically provide transportation to or from the Clubhouse, but we can help you explore options and opportunities to assist you. How do you plan on getting to the Clubhouse?

Is there anything else we should know about you?

For Clubhouse Use Only

Individual Meets Clubhouse Services Membership Criteria	☐ Yes ☐ No	
Clubhouse Director Signature:		Date:

Created on 10/9/26