Fountain House Membership Application

The Fountain House vision is that people with mental illness everywhere achieve their potential and are respected as co-workers, neighbors and friends.

Fountain House - a working community - offers people living with mental illness a sense of belonging and the opportunity to form relationships, so they can take the vital steps toward mental health. At Fountain House, members & staff work together in the running of the program. Members volunteer their time in various units and, together with staff, ensure that the organization is operating smoothly and efficiently. It is by working side by side that relationships between and among members and staff are developed. Through these relationships and the meaningful participation in Fountain House work, members build skills, develop a sense of purpose, and strive towards achieving their individual goals.

To be eligible for membership an applicant must:

1. be interested in attending Fountain House, as membership is voluntary.
2. have a primary presenting problem associated with severe and persistent mental illness.
3. be able to get to Fountain House.
4. not pose a threat to our community
5. be at least 16 years of age.

"The Clubhouse has control over its acceptance of new members" Standard #2, International Standards for Clubhouse Programs, Clubhouse International

Prospective Member

First:_____MI:_____Last:_____
DOB:_____SSN:_____-_____-_____ Gender:_____
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:

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

Ethnicity (check all that apply)

African-American ☐
Asian/Chinese/Japanese/Korean ☐
Latino/Hispanic/Cuban/Mexican/Puerto Rican ☐
American Indian/Native American ☐
Middle Eastern ☐
Caucasian ☐
Pacific Islander ☐
Caribbean/Haitian/Jamaican ☐

Other:_____

Primary Language If other than English,_____

Marital Status: Married Permanent Partner Separated Divorced
Widowed Single, Never Married

Veteran Status Are you a veteran?

Education Level (check all that apply)

Less than High School ☐ Some High School ☑ GED ☐ High School Diploma ☐
Trade School ☐ Some College ☐ Associate's Degree ☐ Bachelor's Degree ☐
Some Graduate Work ☐ Master's Degree ☐ Advanced Graduate Degree ☐

School Attended	Years	Major	Did you Graduate?

Employment History

Have you ever worked for pay?
Have you worked in the last 12 months?
Estimated TOTAL YEARS you have worked for pay:_____
Estimated TOTAL NUMBER OF JOBS worked for pay:_____

Please List All Employment. Be sure to include the most recent and longest job:

Start Date/ End Date	Employer	Title / Type of work	Hourly Wage / Hours per week

Notes:

Medical Alerts (check all that apply)

Chronic Physical Illness ☐			Severe Allergic Reactions ☐
Deaf/Hearing Impairment ☐	Asthma ☐	New Psychiatric Medication ☐	Blind/Visual Impairment ☐
Recent Surgery ☐	Diabetes ☐	Epilepsy/Seizure Disorder ☐	Hypertension ☐

Other:_____

Alert Memo:

Medical & Psychiatric Contacts

Psychiatrist: Agency: Phone:

Address:

How long have you been seeing this psychiatrist?_____
Email Address:_____

Therapist: Agency: Phone:

Address:

How long have you been seeing this therapist?_____
Email Address:_____

Primary Care MD: Agency: Phone:

Address:
Email Address:_____

Emergency Contacts

Primary:_____Phone:_____
Relationship: _____

Secondary:_____Phone:_____
Relationship: _____

Medical Insurance indicate applicable insurance:
provide the policy number:

Straight Medicaid:_____ Private Insurance:_____
Medicare:_____ Veteran's Benefits:_____
Family pays:_____ Worker's Compensation: _____
Self pay:_____ Other:_____
Medicaid Managed Care (please include name of company):_____
HARP (please circle yes or no):
HCBS (please circle yes or no):

Date of Last Physical Exam:_____ Date of Last Dental Exam:_____

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

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:

Substance Abuse History

Please answer all questions.
Alcohol Drugs

Do you have a history of alcohol or drug abuse?
If an alcohol or substance abuse history exists, please elaborate:

Name of Substance	Date Started	Last Use

Have you ever been in treatment for an alcohol or drug problem?
If so, when and where?_____
Are you currently in treatment or in a support group for alcohol or drug abuse?
If so, when and where?_____
Are you interested in being in treatment or a support group for alcohol or drug abuse?

Legal History Please answer all questions

Have you ever been in jail?
Have you ever been in prison?
Have you ever been convicted of a misdemeanor?
Have you had any arrests for felonies?
Have you ever physically injured another person?
Do you have any history of violent behavior?

If any of the above questions were answered "YES", indicate dates, behaviors, precipitants, legal actions, etc.

Are you currently involved in any programs, work, school, etc. or is there anything else you would like us to know about you?:

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 three pieces of information at the same time.

Please allow the Membership Team approximately two weeks to review applications.
Please contact the Membership Office at (212) 582-0340 x 240 with questions.
Thank you for applying to Fountain House.

Did you remember to include:

1). A current and detailed psychosocial history
2). A current psychiatric assessment using the DSM V
3). Copies of all health insurance cards
4). Substance Abuse Questionnaire

Finally, we have locations in two boroughs. Are you applying to Fountain House Bronx or Fountain House Manhattan? _____

_____Date:_____
Prospective Member Signature

"The Clubhouse has control over its acceptance of new members" Standard #2, International Standards for Clubhouse Programs, Clubhouse International

Revised 8/2015

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?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you ever felt bad or guilty about your drinking or drug use?
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?

CAGE-AID Questionnaire