Referral for External Providers

Please email to Bailey@shoreclubhouse.org or mail to
266 Broadway, Long Branch NJ 07740
Phone:732-759-1595 Fax:732-676-7891

Date of Referral: _____

Individual Information

Full Name: _____ DOB: _____
Last *First* *Nickname*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____

SSN#: _____

Primary Mental Health Diagnosis (full diagnosis title with ICD 10 code):_____

_____ Date of diagnosis: _____

List of any important secondary Mental Health or Substance Use diagnosis(es): _____

_____

Client payer source (Medicaid, Medicare, Other Insurance)? _____

Medicaid number: _____

Medicare number: _____

Please provide client with Shore House brochure and ask him/her to view the www.shorehousenj.org. Discuss with client potential goals that he/she may achieve through participation in the Clubhouse.

What type of support does this individual need to achieve recovery/wellness goals?
(check all that apply)

Employment Resources

- ○ Benefits counseling
- ○ Resume building
- ○ Interview Skills
- ○ Job Leads
- ○ Employer Consultation
- ○ Career Exploration/Planning/Search
- ○ Transitional/Temporary Employment
- ○ Supported and Permanent Employment
- ○ Employment Placement and Employer Advocacy
- ○ Help explaining criminal history
- ○ Help explaining periods of unemployment
- ○ Job Coaching/ on the job support
- ○ Post-Employment Support (face to face on or off work site)

Recovery Supports

- ○ Participation in meaningful work through Clubhouse programming
- ○ Skill building (work or life)
- ○ Healthy lifestyle/wellness initiatives
- ○ Transportation assistance
- ○ Socialization
- ○ Relationship Building
- ○ Peer support
- ○ Connection to and resources in the community (case management)
- ○ Building stamina/work ethic/motivation
- ○ Independent housing

Education Support

- ○ Career enhancement
- ○ Reading/writing/language assistance
- ○ Enrollment assistance
- ○ Financial aid
- ○ On campus support
- ○ Disability resources/accommodations
- ○ Advocacy

Are there Risk Factors?

- ☐ Danger to Self
- ☐ Danger to Others
- ☐ Danger of Victimization
- ☐ Safety Concerns
- ☐ Domestic Violence Risk
- ☐ Other, describe

_____

_____

_____

Is there any history of behavior that would pose a threat to the Clubhouse community? ___No ___ Yes

If yes, please describe

_____

_____

Does the individual have a criminal record? ____No ___ Yes, describe below

___ Assault ____ Theft _____ Sexually inappropriate behavior ___ Other

If yes, please explain how this has been addressed:

_____

_____

When was the last date of incarceration, if applicable? _____

Is the individual a registered sex offender? ____No ___ Yes, describe below

_____

_____

If yes above, is there a safety plan in place that could be used at the Clubhouse? _____
Please attach safety plan to referral.

Are there any physical health issues to be aware of? (i.e. seizure disorder, diabetes, mobility devices, visual/hearing loss, etc.) ____No ____ Yes

If yes: _____

Provide a summary of **current** mental status: _____

_____

_____

Summary of **current** treatment plan goals: _____

_____

_____

_____

Number of prior psychiatric hospitalizations (entire life)? _____ Date of last: _____

List current medications: _____

Substance Use History

Does the individual currently smoke tobacco or use tobacco products? □ YES ☐ NO

Does the individual have a history of smoking or using tobacco products? □ YES ☐ NO

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

Does the individual have a history or alcohol or drug abuse? Answers will not influence the 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

If answered yes to Drugs and Alcohol, has the individual completed an addiction treatment program?

☐ YES ☐ NO

If answered no, is the client currently attending an addiction treatment program? Please list the program_____

We encourage the referral provider to accompany the individual to the initial tour, if you have not already been to Shore House.

Referral Source Information (NEW: Only a psychiatrist may sign off on referrals)

Full Name: _____ Date: _____
Last *First*

Address: _____
Street Address *Agency*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Title and Credentials: _____

Additional Information about Shore House:

- Shore House is open Monday thru Friday 9:00am to 4:00pm and is located at 266 Broadway, Long Branch, NJ.

- New Jersey Transit has a bus stop within a block from the Clubhouse. We provide a free transportation service to/from the Clubhouse every day.

- You will have a tour of the Clubhouse and will have a choice to join Shore House. You will then be scheduled for your first day and orientation. *If you do not feel ready, you have the choice to return within 3 months from the date of this referral to complete your first day.*
  - **Tours** are offered Mondays-Fridays between 10AM and 2PM, lasting approximately 30 minutes. Once a referral is received by Shore House, you will be contacted to schedule the tour. You are welcome to bring your therapist/practitioner, family member, and/or significant other with you during the tour.

- Shore House is a place to experience being **needed, wanted, and expected.** Peer support occurs every day, through the work of the Clubhouse, providing community support (case management) and socialization. It is a **safe place** to be yourself, express your creativity, intelligence, to learn new skills and tools to enhance your life, and to work towards wellness and recovery.

- Employment opportunities vary by personal preference. At the Clubhouse, employment support is provided to members through Supported Employment, Transitional Employment (TE), and support to gain Independent Employment. All employment services are time-unlimited.

- The Clubhouse members and staff work together as "colleagues" and encourage you to use your skills and talents to help each other in the Clubhouse and in the community.

- The Work-ordered Day is the structured work-oriented day program that gives choices in how to fill a day with meaningful work, make friends, and to accomplish goals. The Clubhouse members and staff will encourage you to use your skills and talents to conduct the business of the Clubhouse. Voluntary work opportunities may include: preparing a meal for the lunch program, managing the snack/coffee bar, gardening and grounds keeping, purchasing groceries and supplies, completing data entry, book keeping, and statistics for membership records, filing, answering phones, managing vending machine inventory and stocking, and building cleaning and maintenance. The Clubhouse is a place to belong, to be involved, and to contribute to the Clubhouse community.

- Clubhouse social and recreation activities vary from in-house such as parties, games, movies, dinner, etc. to outings in the community.

- Wellness activities are scheduled throughout the month such as yoga, Zumba, walking, stress management etc.