

# Miracle Clubhouse

## Referral Form



Referred By: \_\_\_\_\_ Telephone : \_\_\_\_\_ Date: \_\_\_\_\_

Referral Agency: \_\_\_\_\_

Comments: \_\_\_\_\_

**\*\*\*Mental Health Diagnosis documentation is required for all Clubhouse members.  
\*\*\*Please attach documentation to this referral.**

Referral's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ (must be at least 18yrs) SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Living Situation:  Homeless  Lives with Relatives  Group Home  Independent

Employed?  Yes  No If Yes, Where? \_\_\_\_\_ How Long? \_\_\_\_\_

Source of Income: \_\_\_\_\_ Amount: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

Date of Last Hospitalization for Mental Health: \_\_\_\_\_

Where? \_\_\_\_\_

Mental Health Diagnosis: \_\_\_\_\_

**Reason for Referral (Please check all that apply):**

- Socialization Skills  Interpersonal Skills  Prevent Psychiatric Hospitalization  
 Employment Support  Prevent Isolation  Improve self-confidence/motivation  
 Improve cognitive/concentration skills  Independent Living Support  
 Managing Symptoms that interfere with education or employment  
 Other: \_\_\_\_\_

Is there a history of substance abuse, violent behavior, or suicide attempts?

Please explain: \_\_\_\_\_

**Miracle Clubhouse**  
243 Warren St.  
Dayton, OH 45402  
Phone (937) 262-7983  
Fax (937) 223-2486

**For Questions Contact:**  
Kathy Trick or  
Clubhouse Coordinator  
(937) 262-7983  
[k.trick@gesmv.org](mailto:k.trick@gesmv.org)

Dawn Cooksey  
Dir of Behavioral Health  
(937) 528-6310  
[d.cooksey@gesmv.org](mailto:d.cooksey@gesmv.org)