Employment Options, Inc.
82 Brigham Street, Marlborough, MA 01752
www.employmentoptions.org

Membership Referral Application

Please print clearly in pen

Tel. (508) 485-5051 x230
Fax. (508) 485-8807 attn. ENROLLMENT
E-Mail: newmember@employmentoptions.org

Name: _____ DOB ___/___/___ SSN _____ Date of Application ___/___/___

Address Street:_____ City:_____ Zip Code:_____

Home phone _____ Cell Phone_____ Email: _____

Gender: □ Male □ Female □ Other Communication Preference □ Phone □ Mail □ Text □ Email □ Social Media

Race: _____ Primary Language:_____ Secondary Language:_____

Number of Children _____ Number of Minor Children _____ □ Custodial □ Non-Custodial
(If custodial, please complete an emergency care plan)

□Employed - □ under 6 months □ over one year □ Goal to Work - □ within 6 mo □ within 1 year □ in the future

I. Referral Agency –Referral Type

□ Self, Family Friends
□ Private, Practitioner (Psychiatrist/MD)
□ Community Mental Health Center/Clinic
□ Another Clubhouse
□ Public Shelter for the Homeless
□ Homeless Outreach Team
□ Police, Courts, Forensic Hospital
□ Other _____

Referral Agency Name:_____ **City:**_____ **Referral**

Contact:_____ **Phone:** _____

Referral Notes:

_____

_____

Primary Reasons for wanting to attend Options Clubhouse (i.e. employment, education, socialization, family services)

1) _____ 2)_____ 3) _____

Employment History

□ No history □ Transitional Employment
□ Supported Employment □ Part Time History
□ Full Time History □ Volunteer History

Does applicant have CORI that would prevent employment?
□ Yes □ No 2. On probation? □ Yes □ No

Needs Transportation: ☐ **Yes** ☒ **No**

Our club can provide/request transportation to:

- Ashland
- Framingham
- Hopkinton
- Hudson
- Marlborough
- Natick
- Northborough
- Southborough
- Westborough

A. Education:

□ Some High School □ High School Diploma □ High Set
□ Associate's Degree □ Bachelor's Degree □ Master's Degree
□ PHD □ Some College □ Certificate Program

B. Housing Type

Do you currently have any pets? □ Yes □ No **(If yes, please complete an emergency care plan)**

□ Own Home/Apartment (Non-Subsidized) □ Foster Care
□ Home of a family member (Shared Responsibility) □ Shelter
□ Home of family member (Dependent on Family □ Nursing Home
□ Rooming/Boarding House, Hotel □ Group Home (24 hour Supervision)
□ Supported Apartment (Subsidized, Non –Supervised) □ Homeless
□ Supported Housing (Subsidized, Non Supervised) □ Other

C. Medical Information

A) Medical Alerts

□ Chronic Physical Illness □ Asthma □ Recent Surgery □ Epilepsy/Seizure
□ Blind/Vision Impairment □ Other Physical Disability □ Diabetes □ New Psychiatric Medication
□ Deaf/Hearing Impairment □ Severe Allergic Reaction □ Hypertension □ Other

B) Special Medical Conditions and Allergies (Please note anything that would be helpful.)

_____

Medical and Psychiatric Contacts (fill in as appropriate and include address and phone number):

Provider	Name	Agency	Town/City	Phone Number(s)	Release
ACCS Worker:					□ Yes
DMH CM:					□ Yes
Other:					□ Yes
PCP:					□ Yes
Psychiatrist:					□ Yes
Therapist:					□ Yes
Emergency Contact:		Relationship:			□ Yes

Has applicant had a problem with alcohol/drugs? □ Yes □ No

Would you be interested in Dual Recovery Anonymous meetings at the clubhouse? □ Yes □ No

D. Psychiatric Information: Diagnosis

	Written Diagnosis	Diagnostic Code
DSM IV Axis I		
DSM IV Axis II		
DSM IV Axis III		
DSM IV Axis IV		
DSM IV Axis V		

This application **MUST BE SIGNED BY A LICENSED MENTAL HEALTH PROFESSIONAL**

Referral Source Signature _____

Referral Source Name (Print) _____

Date _____

Employment Options, Inc.

Believe in Better

Through inspiration, support and encouragement,
Employment Options creates a home-away-from-home,
where people can overcome barriers to employment
and discover personal growth, self-sufficiency and hope.

Authorization for Release of Information

(Please copy as needed for additional releases for other doctors or clinical workers)

Name:_____

Address: _____

Telephone:_____Date of Birth: _____

I authorize the following person/agency to release the information indicated below to:

Employment Options
82 Brigham St.
Marlborough, MA 01752
Phone: 508-485-5051
Fax: 508-485-8807

Name:_____Telephone: _____

Name of Agency: _____

Address: _____

Specific information to be released:

☐ Verbal/Telephone Update ☐ Admission/Treatment/Discharge Summary

☐ Other: _____

Signature:_____

Date of release:_____Date release expires:_____(1 year later)