

SHAMA HOUSE
(Self Help and Mutual Aid)
FAX 751-7905

REFERRAL TO: **Clubhouse** **Supported Employment**

Legal Name: _____ Do you have OHP? Yes No

Home Address _____

Phone _____ Message Phone _____

Reason(s) for referral _____

Have you ever been convicted of a violent or sexual offense? Yes No
(Lying or omitting can result in immediate denial of membership.)

Consumer Signature _____ Date: _____

Signature of referring party _____ Date: _____

Phone & extension of referring party _____

Ongoing Therapist/Case Manager _____

Treatment Objectives _____

Primary Diagnosis: _____

| |
|--|
| (SUPPORTED EMPLOYMENT ONLY) |
| 1. Information helpful in assisting this individual in reaching his/her employment goals: _____ |
| 2. Support Name _____ Relationship _____ Support Name _____ Relationship _____ |
| 3. Medication and side effects (shaking, memory impairment, drowsiness, etc.) _____ |

(SHAMA Use Only)

Date received _____ Accepted _____ Not Accepted _____

If not accepted, give reason _____

Signature: _____

Date consumer notified _____ Date referring party notified _____

Initial meeting with Employment Specialist _____

Comments: _____
