



Application Form



Pathways' is a Clubhouse model program accredited by Clubhouse International. We offer hope, encouragement and opportunities to people who live with mental illness. We provide a supportive environment that encourages participation and a sense of belonging, with a focus on individual strengths and talents, rather than illness.

MEMBER INFORMATION				
Date of Application:		Date of Membership:		
Given Name (First and Last):		Preferred Name:		
Care Card Number:		Date of Birth:		
Full Address including Postal Code: _____				
Gender: Male ___ Female ___ Other ___		Telephone Number:		
		Email Address:		
Referral Source: Name: Phone Number: Address:		Do you currently see a Psychiatrist? Y / N Name: Phone Number: Address:		
FAMILY CONTACT INFORMATION				
Family Member Name	Relationship	Phone	Consent to Contact	
			YES	NO
EMERGENCY CONTACT INFORMATION				
Name		Relationship	Phone	
COMMUNITY CONTACTS				
	NAME	PHONE	Consent to Contact	
			YES	NO
Family Doctor				
Mental Health Team Worker				
Psychiatrist				
Therapist / Counsellor				
Other:				



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To qualify for membership you must have a past or present primary diagnosis of mental illness. In order to maintain a safe environment, we are not able to offer membership to those who have a recent history of violent or aggressive behaviour. Please be aware that during the application process you may be subject to a public record check. However, a history of violence does not necessarily mean you are not eligible for membership.

Do you have a history of violent behaviour? Yes___ No___

If yes, please briefly explain and indicate the year of the most recent incident:

If you have a probation officer, or community forensic worker please list their contact information below:

	NAME	PHONE	Consent to Contact	
			YES	NO
Probation Officer				
Forensic Worker				
Other				
Member Signature:				

Income Information	Housing Information
<input type="checkbox"/> PWD	<input type="checkbox"/> Independent
<input type="checkbox"/> CPP/OAS	<input type="checkbox"/> With family members
<input type="checkbox"/> EI	<input type="checkbox"/> Boarding home
<input type="checkbox"/> Employed	<input type="checkbox"/> Supported housing
<input type="checkbox"/> Other	<input type="checkbox"/> Other



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Please list any medical conditions and/or allergies:

Please list all medications below:

The Clubhouse offers services to assist you in reaching your goals and supporting your recovery process. What interests you in becoming a member? Place a tick beside the option(s) that interest you.

- 1) Socialization ()
- 2) Routine ()
- 3) Employment ()
- 4) Housing ()
- 5) Education ()
- 6) Wellness Activities ()
- 7) Other (), please specify

Do you have children under the age of 18? If so, we can connect you to our Supporting Families Program.
