



**Chadwick  
Clubhouse**

## Referral Form

[www.ChadwickClubhouse.com](http://www.ChadwickClubhouse.com)

Chadwick Clubhouse

1157 SE Douglas Ave  
Roseburg, OR 97470

Chadwick Clubhouse offers people living with mental illness hope and opportunities to reach their full potential. Participation in Chadwick Clubhouse and all of its activities is voluntary, and each member chooses the way that they utilize the clubhouse with an expectation of participation. We offer a wide range of opportunities to members during the work ordered day to better their own lives including skill building and assistance with employment, education, socialization, transportation, housing, wellness and life skills. Chadwick Clubhouse offers social and recreational opportunities on some evenings and weekends and we are open on all major holidays.

Chadwick Clubhouse provides a safe environment for all members to come and participate. Chadwick Clubhouse requires participants to be 18 years or older, living with mental illness, and not to pose a current threat to the clubhouse community.

After receiving a referral Chadwick Clubhouse will contact the person being referred to schedule a tour. Members of the Mental Health Community are welcome and encouraged to take tours with the people that are being referred.

To become a referring agent/agency partner, please contact [Lorrie@ChadwickClubhouse.com](mailto:Lorrie@ChadwickClubhouse.com) to receive a brief overview of the program and program referral requirements.

Full legal name of person being referred to Chadwick Clubhouse: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Phone number: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Name of referent (Mental Health Professional, Medical Professional, Disability Representative):

Agency making referral: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

How many years have you been working with this person: \_\_\_\_\_ How often do you see them \_\_\_\_\_

Referent's phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

What mental health diagnosis does the person being referred have? \_\_\_\_\_

What history of alcohol & drug abuse, sexual misconduct, or violent behavior do they have?  
\_\_\_\_\_

Please email [Lorrie@ChadwickClubhouse.com](mailto:Lorrie@ChadwickClubhouse.com) to discuss your questions about this person's participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Referral Criteria

Chadwick Clubhouse  
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Chadwick Clubhouse strives to make the referral process as smooth and seamless as possible ensuring minimal to no barriers for access to our services.

- Chadwick Clubhouse is a program of choice. No person can be court-ordered or mandated by any entity to participate in our program
- Client being referred must have a diagnosed mental illness
- Client being referred must be 18 years of age or older
- Client being referred must be site-safe
  - o Must be able to remain appropriate without disruptive, manipulative behavior
  - o Must not be a current or significant threat (may have made mistakes in the past but as long as they have no recent history of violent behavior and no history of predatorial background such as sexual, extortion as well as selling or distributing drugs).
- Referring agent is encouraged to offer to attend a tour with the person being referred to give a warm hand-off as it is often scary seeing a new program unaccompanied when you are living with a mental illness or have been isolated.
- Referrals can be faxed to (541) 844-0894 or delivered in person to Chadwick Clubhouse at:

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Any questions about this process or criteria, please email [Lorrie@ChadwickClubhouse.com](mailto:Lorrie@ChadwickClubhouse.com), call 541-378-4193, or stop by for more information. Phone: 541-671-2176 Fax: (541) 844-0894 Email: [Lorrie@ChadwickClubhouse.com](mailto:Lorrie@ChadwickClubhouse.com)

