



Chadwick Clubhouse
2031 NE Diamond Lake Blvd.
Roseburg, OR 97470
www.ChadwickClubhouse.com

Referral Form

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 who are being referred.

To become a referring agent/agency partner, please contact Director@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 history of alcohol & drug abuse, sexual misconduct, or violent behavior do they have?

Please email Director@ChadwickClubhouse.com to discuss your questions about this person's participation.

Signature: _____ Date: _____

Referral Criteria

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
- The client being referred must have a diagnosed mental illness
- The client being referred must be 18 years of age or older
- The 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 predatory 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 emailed to: join@ChadwickClubhouse.com

Any questions about this process or criteria, please call or stop by for more information.

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Phone: 541-671-2176 Fax: (541) 844-0894 Email: Director@ChadwickClubhouse.com