

## Application for Membership

*Please provide all of the following information. The Mental Health history must be completed by a health professional, preferably the individual who is identified as the primary worker. Failure to provide all required information may result in a delay of acceptance or ineligibility for the program.*

Applicant Information	
<b>Given Names:</b>	<b>Date of Referral:</b>
<b>Preferred Name:</b>	<b>D.O.B (ex. January 1, 1982):</b>
<b>Full Address (including Postal Code):</b>	<b>Contact Information</b>
	<b>Email Address:</b>  <b>Phone:</b>
Applicant Medical Information and History	
<b>Referred By:</b>  <b>Name:</b>  <b>Organization:</b>  <b>Phone:</b>	<b>Clinical Support Worker:</b>  <b>Contact Information:</b>  <b>Family Doctor:</b>  <b>Psychiatrist:</b>
<b>Primary Psychiatric Diagnosis:</b> <i>(Mental illness must be primary diagnosis ex. depression, anxiety, bipolar disorder, etc.)</i>	
<b>Secondary Diagnosis:</b> <i>(Secondary diagnosis may include head injuries and intellectual disabilities)</i>	

**Mental Health History:**

*(Mental Health history must be completed by a health professional and should include information on history of illness, symptoms/presentation when ill, incidents of harm, if any, concurrent disorder information, hospitalizations, effects of illness and any other relevant information.)*

**If applicable, describe when, where and the reason for last hospitalization:**

**Current Medication and History of Compliance:**

**Does the applicant have a history or current concerns with substance use?** *(If yes, please describe)*

**Has the applicant ever been charged or convicted of a criminal offence?** *(If yes, please describe)*

**Community Contacts**

**Please indicate other agencies involved with the Applicant.** *(Check all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Resource Abilities              | <input type="checkbox"/> IRSA of PEI                |
| <input type="checkbox"/> Social Assistance/AccessAbility | <input type="checkbox"/> Addictions Services        |
| <input type="checkbox"/> Skills PEI                      | <input type="checkbox"/> Probation Services         |
| <input type="checkbox"/> CDS                             | <input type="checkbox"/> Peers Alliance             |
| <input type="checkbox"/> McGill Center                   | <input type="checkbox"/> Family Violence Prevention |
| <input type="checkbox"/> Richmond Center                 | <input type="checkbox"/> Child and Family Services  |
| <input type="checkbox"/> CMHA Programs                   | <input type="checkbox"/> Other:                     |

**Additional Applicant Information**

<p><b>What is the reason for referral? Please provide information that will assist us in determining the applicant's eligibility for membership and will help in the development of a rehabilitation plan. (Such as what the applicant hopes to achieve at Fitzroy Centre.)</b></p>	
<p><b>Has the applicant applied for membership before?</b></p>	
<p><b>Has the applicant toured Fitzroy Centre?</b></p>	<p><b>Has the applicant received an Information Package?</b></p>
<p><b>Consent to Release of Confidential Information</b></p>	
<p>Does the Fitzroy Centre Clubhouse Program have the applicant's permission to exchange application information with the Referral Source and/or Clinical Support Worker, concerning the acceptance and membership into the program?</p>	<p><b>Signature of Applicant:</b></p>  <p><b>Signature of Witness:</b></p>  <p><b>Date Consent Given:</b></p>

<p><b>For Office Use Only</b></p>	
<p>Date Application Received: _____</p>	<p>Date of Initial Contact: _____</p>
<p>Tour Date: _____</p>	<p>Intake Assessment Date: _____</p>
<p>Outcome: _____</p>	

**Please Submit Completed Applications to one of the options below:**

**Jess Macaulay, Program Director**

**Email: [jmmacaulay@fitzroycentre.pe.ca](mailto:jmmacaulay@fitzroycentre.pe.ca)**

**Fax: (902) 628-6687**

**Application, Fitzroy Centre PO Box 1839, Charlottetown, PEI C1A 7N5**

**Incomplete applications will result in delay or ineligibility for membership.**