



REFERRAL FORM/APPLICATION

check here if application is for a returning member

First Name: _____ Middle Name: _____

Last Name: _____ Nickname/Preferred Name: _____

Preferred Pronouns: she/her/hers they/them/theirs he/him/his other: _____

DOB: _____ Gender: _____

Race/Ethnicity: _____

Cell: _____ Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: ____ Zip Code: _____ County: _____

Preferred Method(s) of Contact: (phone, text, email, Facebook, other): _____

Date tour was completed: _____ (referral will not be reviewed prior to tour)

Referral Source CMH Case Manager Therapist Physician

Other (please specify): _____

Medical & Psychiatric Contacts

Case Mgr: _____ Phone: _____

Program/Team: _____ Email: _____

Psychiatrist: _____ Phone: _____

Physician: _____ Phone: _____

Home Mgr: _____ Phone: _____

Qualifying Psychiatric Diagnosis(es)*: _____

*Functional impairment: _____

Guardianship/Payees

Do you have a guardian? No Yes

Guardian's name: _____ Guardian's phone: _____

Do you have a payee? No Yes

Payee's name: _____ Payee's phone: _____

Emergency Contacts

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Are you able to manage your own self-care and safety needs? Please explain.

In your own words, why would you like to become a part of Continuum Help Foundation ?

What recovery goals would you like to work on at Continuum Help Foundation?

These questions will assist us in getting to know you better (please answer the questions thoroughly):

EVERYDAY LIFE: What is a typical day like for you?

Are you happy with how you are spending your time? Yes No Somewhat

HOBBIES: What do you enjoy doing in your free time?

TALENTS/SKILLS: What are you good at doing?

FAMILY: Tell us about your family.

FRIENDS: What is your social situation like? Do you have supports?

Is there anything else you would like us to know about you?

The remaining sections are mainly multiple choice and help us create a picture of our membership for administrators, funders, and accrediting bodies. This information is used in aggregate to demonstrate the needs and successes of our members. Your answers here will not impact your eligibility for membership.

EMPLOYMENT:

1. Are you currently employed?

Supported Employment Independent Employment Self Employment Not Working

If yes:

What is the name of your employer/company?

Approximate date you began working there: _____ Hourly wage_____

Average number of hours worked per week: _____

What type of work do you do?

Other: _____

Have you worked before (ever)? Yes No

Have you worked in the last year? Yes No

Are you interested in working? Yes No

2. Are you a Veteran? Yes No

3. Do you receive any community employment support?

CMH, MRS, MI Works, Other: _____

Comments: _____

EDUCATION:

4. What is the highest level of education you've completed?

Some high school GED High School Diploma Vocational Certificate

Some college Associates Bachelors Masters PhD/Professional Post Doc

Other: _____

EDUCATION (cont.):

5. Are you currently enrolled in school? Yes No

If yes, where do you go to school? _____

What are you going to school for? GED Vocational Certificate Associates

Bachelors Masters PhD/Professional Post Doc Other: _____

6. Are you interested in going to school? Yes No Already going to school

If yes, why do you want to go to school?

GED College Degree Better Job Personal Development

Other: _____

7. Do you receive any community education supports?

N/A Washtenaw Literacy Other: _____

Comments: _____

HOUSING:

8. What is your current housing situation?

Rent my house/apartment Own my house/apartment Live with family

Group Home Houseless/Inadequate Housing Other: _____

9. Who do you currently live with?

Live Alone Spouse or Partner Family Friends Roommates

Other: _____

10. Have you been homeless/houseless in the past year?

Yes No

11. Do you receive any kind of housing subsidy?

N/A Section 8 Income-based rent Other: _____

HOUSING (cont.):

12. Do you receive any community housing supports?

N/A CLS Avalon Home Health Aide Other: _____

Comments: _____

TRANSPORTATION:

13. How do you get around town?

drive my own car drive someone else's car public transit (bus or A-Ride) walk bike

home staff ride with others Cab or Uber Other: _____

14. Do you pay for your own transportation? Yes No I pay part of my transportation expenses

15. Do you receive any other community transportation supports?

N/A AAATA Travel Trainer Other: _____

Comments: _____

PUBLIC BENEFITS:

16. Do you receive any government benefits? Circle all that apply

Medicare Medicaid SSI SSDI Bridge Card/Food Stamps Healthy Michigan/ACA

VA/Veterans Benefits Other: _____

Comments: _____

HEALTH & WELLNESS:

17. How many times have you had a psychiatric hospitalization in the last 6 months?

0 hosp. 1 hosp. 2 hosp. 3 or more hosp.

18. Do you have any health issues?

Hearing Impairment Visual Impairment Physical Disability HIV Other health issues

19. How would you describe your tobacco use?

Former user No tobacco use Mild tobacco use Moderate to severe tobacco use

no longer using

HEALTH & WELLNESS (cont.):

20. How would you describe your alcohol use?

Former user No alcohol use Mild alcohol use Moderate to severe alcohol use

no longer using

21. How would you describe your drug/other substance use?

Former user No drug use Mild drug use Moderate to severe drug use no longer using

22. How often do you exercise?

Not at all 1-3 times per week 4-5 times per week 6-7 times per week

Comments: _____

It is very important that all components of this application are complete. Any missing or incomplete

components will, unfortunately, delay the application process.

Please be sure the application is signed by both the prospective member and the referral source.

Prospective Member Signature Date

Referral Source Signature Date

If you have any questions or need assistance, please contact Continuum Help Foundation .

Please return this completed form with IPOS and BPS including evidence of diagnosis to:

Continuum Help Foundation

Attn: Admissions Team

2111 Golfside Rd

Ypsilanti, MI 48197

p. 888-759-4917

f. 734-547-3041

info@continuumhelp.foundation