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If submitting via email, please use subject line: **CWPP Enrollment**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**POTTER PLACE ENROLLMENT/REFERRAL FORM**

**MEMBER IDENTIFYING INFORMATION & DEMOGRAPHICS**

Full Name: \_\_\_\_\_ Preferred Name/Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender (Please Select One):  Male  Female  Non-Binary  Transgender  
 Prefer Not to Say  Other (Please Specify): \_\_\_\_\_

Preferred Pronouns:  He/Him  She/Her  They/Them  Other: \_\_\_\_\_

Race (Please Select One):  White  Black or African-American  American Indian or Alaska Native  
 Asian  Native Hawaiian or Other Pacific Islander  Two or More Races  
 Other (Please Specify): \_\_\_\_\_  Prefer Not to Say

Ethnicity:  Hispanic or Latino  Non-Hispanic or Latino  Prefer Not to Say

Primary Language: \_\_\_\_\_ Other Languages Spoken: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MassHealth Policy # (If Applicable): \_\_\_\_\_

Are you a U.S. veteran?  Yes  No  Active Duty  Prefer not to say

**CONTACT INFORMATION**

**ADDRESS**

**PHONE/EMAIL**

Street: \_\_\_\_\_

Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_

Home #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**REFERRAL SOURCE INFORMATION**

How did you hear about the Clubhouse? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Agency/Relationship to Member: \_\_\_\_\_

## GOALS

What goals would you (the member) like to work on at Potter Place?

- Employment       Education       Health and Wellness       Housing  
 Social/Recreation       Life Skills       Transportation

## EDUCATION

What is your highest level of education?  Less than High School       High School       GED  
 Some College       Associates Degree       Bachelor's Degree       Master's Degree       Doctorate

If "Some College" or higher, what was your area of study? \_\_\_\_\_

What College/University did you attend? \_\_\_\_\_

Did you graduate?  Yes       No

If no, would you like help getting re-enrolled?  Yes       No

## EMPLOYMENT

Are you currently employed?  Yes, I am currently employed       No, I am not employed and am not looking for work  
 No, I am not employed, **but I am interested in working**

If yes, please provide the following information about your employment:

Name of Employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_

# of Hours per Week: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_ per:    hour    week    biweekly    yearly

If you are **interested in working**, please provide the following information about what type of job you are looking for?

Hours per Week: \_\_\_\_\_ Desired Pay Rate: \$ \_\_\_\_\_ per:    hour    week    biweekly    yearly

Field/Industry: \_\_\_\_\_ Desired Position: \_\_\_\_\_

## HOUSING

What is your current living situation?       I live on my own       I live with family or friends  
 I live in a group living environment       I am currently homeless

Other (Please Specify): \_\_\_\_\_

Is your current living situation:  Safe & Healthy (Poses no direct/indirect threats to your physical health)  
 Financially manageable (I can afford my current rent while still affording other bills and necessities)

Are you at risk of losing your current housing?  Yes (If yes, please explain why)       No: \_\_\_\_\_

Are you satisfied with your current living situation?       Yes       No (If no, please explain why): \_\_\_\_\_

**MEDICAL INFORMATION**

Mental Health Diagnosis/Diagnoses (Required) | If known, please include: date of diagnosis, and diagnosing clinician

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**Current Medication List (In Case of Emergency):**

Medication	Dose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Allergies and/or Medical Conditions:**

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Do you have any food allergies?  No  Yes (If yes, please list them): \_\_\_\_\_

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**SUBSTANCE USE, ABUSE, AND ADDICTIVE BEHAVIOR**

Do you currently, or have you ever smoked cigarettes?  No, never  Former smoker  Yes, currently

If yes, would you like smoking cessation resources, to reduce/quit smoking?  Yes  No

Do you use cannabis (THC) in any form?  Yes  No

Do you currently, or have you ever had a substance abuse problem?  No, never  Sober & in recovery  
 Yes, currently

Have you ever attended a substance abuse program or been part of a 12-step program?  Yes  No

If yes, please specify which program: \_\_\_\_\_

Are you interested in attending Dual Recovery Anonymous meetings?  Yes  No

**INCOME / FINANCIAL SUPPORT**

How would you describe your current financial situation?

- Comfortable/Living within means
- Occasional struggle with finances
- Often struggle with finances
- Financial struggles are a consistent/major source of stress

Do you have a rep payee?  Yes  No

Do you currently receive any of these sources of income/financial assistance? (Check all that apply)

SSI  SSDI  SNAP  WIC  TANF

If not, would you like assistance in applying for any of these?  Yes  No

If yes, please specify: \_\_\_\_\_

**LEGAL STATUS AND LEGAL INVOLVEMENT/HISTORY**

Do you have a Legal Guardian?  Yes  No

Do you have a history of, or current involvement with the legal system?  Yes  No

Have you ever been arrested for weapons, drugs, assault, or crimes against women and/or children?  Yes  No

If yes, please provide details (i.e. dates, charges, outcome): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please provide details (if different from above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you registered with, or pending a certification level, on the National Sex Offender Registry?  Yes  No

**EMERGENCY CONTACT INFORMATION:**

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

Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Please check here if you consent to Potter Place using your name and/or photo in Potter Place/The Edinburg Center publications (Newsletter, Facebook, Instagram, Brochures, etc.)

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

Legal Representative Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_