Affidavit **of Compliance**

 Northern Hope Center is a mental health drop-in center for adults 18 years of age and older that meet the definition for **“Adult with a Serious Mental Illness”. Who, as a result, have a genuine need for relief from isolation and a need for the opportunity to socialize with their peers.**

Because of our purpose, sensitivity of the members and our source of funding, we require that all recipients of services **be in the above target population.**

**A Serious Mental Illness as defined by our bylaws is:**

A diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM­IV or their ICD­9­CM equivalent (and subsequent revisions) with the exception of DSM­IV "V" codes, substance use disorders, and developmental disorders which are excluded, unless they co-occur with another diagnosable serious mental illness that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

 ***(i) Work or vocational.***

 ***(ii) Social or family.***

 ***(iii) Self-care or living environment.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is my client or has been in the last 12 months. I am intimately familiar with their history and with the functional limitations imposed by their disability. Theirs meet the definition of the target population of the Northern Hope Center.***

***OR***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a client of Fairbanks Community Mental Health Services and meets criteria for treatment services. (*this *section for FCMHS staff only)***

**I verify that the named person listed above has a diagnosis of a mental, behavioral, or emotional disorder of sufficient duration that meets the diagnostic criteria.**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Print Name Title of Mental Health Professional***

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

***The client has signed a release of information for this acknowledgement.***