LEDC
LIFE ENRICHMENT DAY CENTER

LIFE ENRICHMENT DAY CENTER MEMBERSHIP APPLICATION

The Life Enrichment Day Center offers a supportive community for individuals with mental illness to work, learn, and share their talents. Our program includes counseling, therapy, vocational training, and social activities to help our clients achieve their goals and live fulfilling lives.

Members can regain confidence, make friends, learn new skills, and progress toward achieving their employment, social, and educational goals by working together. Membership is not compulsory, and interested individuals can submit their application by email to info@ledaycenter.net or by fax to 336-270-5156, attention Enrollment Center. To schedule a tour or for any further information, please call 336-270-5155.

Requirements for Membership:

- ☐ Be interested in attending the Life Enrichment Day Center, as membership is voluntary.
- ☐ Have a primary presenting problem associated with severe and persistent mental illness.
- ☐ Be able to get to the Life Enrichment Day Center.
- ☐ Have taken an in-person tour of Life Enrichment Day Center.
- ☐ Not pose a threat to our community.
- ☐ Be at least 18 years of age.

To apply for membership, please submit the following documentation:

- ☐ Completed Life Enrichment Day Center Membership Application.
- ☐ Completed psychiatric attestation form signed by a licensed mental health professional.
- ☐ Copies of all Health Insurance cards if you have insurance (insurance not required for membership).
- ☐ Optional: If you have other documentation (a psychosocial or a psychiatric evaluation) to support the application, please include it.

Complete Applications and supporting documentation can be sent via:
email to info@ledaycenter.net or fax to 336-270-5156.

This application is solely for Life Enrichment Day Center membership.

PROSPECTIVE MEMBER INFORMATION

FIRST NAME:	LAST NAME:
DATE OF BIRTH:	SSN (last 4):

GENDER IDENTITY	
◯ Woman	◯ Man
◯ Transgender Woman	◯ Transgender Man
◯ Other Gender	◯ Non-Binary

RACE AND ETHNICITY	
◯ Alaskan Native/American Indian	◯ Asian
◯ Latino/Latina	◯ Black/African American (Non-Latino)
◯ Native Hawaiian/Pacific Islander	◯ White (Non-Latino)
◯ Mixed Race	◯ Other

SEXUAL ORIENTATION	
◯ Heterosexual	◯ Bisexual
◯ Lesbian	◯ Gay
◯ Undisclosed	◯ Other Sexual Orientation

PHYSICAL ADDRESS		
Street:		Apt #:
City:		State:
Zip Code:	Landline Phone:	Mobile Phone:

HOUSING TYPE (please check one)	
◯ Own Home/Apartment	◯ Supportive Apartment
◯ Home of Family Member	◯ Nursing Home
◯ Single Room Occupancy (SRO)	◯ Shelter
◯ Supported Apartment (Subsidized)	◯ Homeless/Undomiciled
◯ 24 Hr. Supervised Housing	◯ Other

Do you have children under the age of 18 residing in your home?	☐ YES ☐ NO
If YES, is there/has there been an open ACS case?	☐ YES ☐ NO
Do you have a history of homelessness?	☐ YES ☐ NO
If YES, in the past 12 months?	☐ YES ☐ NO
Veteran Status: Are you a veteran?	☐ YES ☐ NO

Primary Language, If other than English: _____

REFERRAL INFORMATION

Self-referral: ☐ YES ☐ NO ------ If NO, please fill out the referrer information below.

Name of referrer: _____Phone: _____Email: _____

☐ Check if you have had a tour of the Clubhouse

What is your main goal in joining Clubhouse? Check the box below:

☐ Community/Socialization ☐ Education ☐ Employment ☐ Health & Wellness

☐ Benefits/Care Management ☐ Housing ☐ Other _____

Why would the Clubhouse be a good place for you?

What challenges or barriers are keeping you from achieving your goals?

BENEFITS AND ENTITLEMENTS (Please check all that apply with ID # and $ amounts)	
☐ SSI # $	☐ Payee
☐ SSDI# $	☐ Payee
☐ SNAP: $	☐ Public Assistance $
☐ Veteran Benefits: $	☐ Other: $

MEDICAL INSURANCE (Not necessary for membership) Please provide the Insurer's name and policy number if you have insurance.		
☐ Medicaid	Provider:	ID #:
☐ Medicare	Provider:	ID #:
☐ Private	Provider:	ID #:
If Medicaid Managed Care, please include the name of the managed care company:		

EDUCATION		
☐ None	☐ Some High School	☐ GED/TASC
☐ High School Diploma	☐ Trade School	☐ Some College
☐ Associate's Degree	☐ Bachelor's Degree	☐ Some Graduate Work
☐ Master's Degree	☐ Advanced Graduate Degree	

EMPLOYMENT HISTORY	
Are you currently employed?	☐ YES ☐ NO
If NO, have you worked in the last 12 months?	☐ YES ☐ NO
If NO, have you ever worked for pay?	☐ YES ☐ NO

MEDICAL AND HEALTH CONDITIONS (check all that apply)	
☐ Mobility Impairment	☐ Severe Allergic Reactions
☐ Asthma	☐ New Psychiatric Medication
☐ Blind/Visual Impairment	☐ Deaf/Hearing Impairment
☐ Emphysema	☐ Diabetes
☐ Epilepsy/Seizure Disorder	☐ Hypertension
☐ Other conditions:	

MEDICAL & PSYCHIATRIC CONTACTS	
PSYCHIATRIST	
Name:	Address:
Agency:	Phone:
PRIMARY CARE PROVIDER	
Name:	Address:
Agency	Phone:
THERAPIST	
Name:	Address
Agency:	Phone:

EMERGENCY CONTACT	
Full Name:	Phone:
Address:	Relationship:

PSYCHIATRIC DIAGNOSIS (DSM V): (Please check all that apply)		
☐ Schizophrenia	☐ Schizoaffective	☐ Major Depressive Disorder
☐ Bipolar Disorder	☐ Anxiety Disorder	☐ PTDS
☐ Other		

MEDICATIONS LIST				
NAME:	**STRENGTH:**	**DOSAGE:**	**FREQUENCY:**	**REASON PRESC.**

SUBSTANCE USE HISTORY (Your answers will not influence your application decision.)	
Do you currently smoke tobacco or use tobacco products?	☐ YES ☐ NO
Do you have a history of smoking or using tobacco?	☐ YES ☐ NO
Do you have a history of alcohol use or drug abuse?	☐ YES ☐ NO
Alcohol?	☐ YES ☐ NO
Illegal Drugs?	☐ YES ☐ NO
If YES, in the past 12 months?	☐ YES ☐ NO

LEGAL HISTORY (Please answer all questions)	
Have you ever been to jail?	☐ YES ☐ NO
Have you ever been to prison?	☐ YES ☐ NO
Have you ever been convicted of a misdemeanor?	☐ YES ☐ NO
Have you been convicted of a felony?	☐ YES ☐ NO
Have you ever physically injured another person?	☐ YES ☐ NO
Do you have a history of violent behavior?	☐ YES ☐ NO
Have any of the above occurred in the past 12 months?	☐ YES ☐ NO
If you answered yes, please explain legal history?	

QUESTIONAIRE AND SURVEYS:

Answering these questions will not affect your acceptance into the clubhouse.

Taking everything into consideration, during the past year, how satisfied have you been with your	Very Poor	Poor	Fair	Good	Very Good
Physical health?					
Mood?					
Work?					
Household activities?					
Social relationships?					
Family relationships?					
Leisure time activities?					
Ability to function in daily life?					
Economic status?					
Living/housing situation?					
Ability to get around without feeling dizzy, unsteady, or falling?					
Your vision in terms of being able to do your work?					
Overall sense of well-being?					
Medication? If you are not taking any, leave the item blank.					
How would you rate your overall life satisfaction and contentment during the past year?					
Please indicate your agreement or disagreement with each of the following statements using the scale below	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
My life has a clear sense of purpose…					
I am optimistic about my future ….					
My life is going well ….					
I feel good most of the time…					
What I do in my life is valuable and worthwhile…					
I can succeed if I put my mind to it….					
I am achieving most of my goals….					
In most activities that I do I feel energetic…					
There are people who appreciate me as a person…					
I feel a sense of belonging in my community…					
Please answer the following questions:	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
How often do you feel you lack companionship?					
How often do you feel left out?					
How often do you feel isolated from others?					

SIGNATURES AND ACKNOWLEDGEMENTS

It is imperative that all components of this application are completed accurately and in their entirety. Unfortunately, any missing or incomplete components will cause delays in the application process. For the best results, please submit all documents together with your application.

Clubhouse operations use data to track and manage member service utilization. The information collected is used for program evaluation, quality assurance, reimbursement, reporting, and research. When used for external research and projects, data is de-identified, anonymous, and reported in the aggregate.

By signing below, the prospective member or referrer attests to the accuracy of the information provided in this application and acknowledges Clubhouse practices.

Prospective Member Signature: _____ Date: _____

☐ Check if referral is from Clubhouse Enrollment Center (for applicant review team only).