Referral Form

Pathfinder Clubhouse
250 NW 1st Street
Corvallis, OR 97330
Elizabeth@PathfinderClubhouse.org
PathfinderClubhouse.org
Fax: (855) 962-2388

Pathfinder Clubhouse offers people living with mental illness hope and opportunities to reach their full potential. Participation in Pathfinder Clubhouse and all of its activities is ***voluntary,*** and each member chooses the way that they utilize the clubhouse with an expectation of participation. We offer a wide range of opportunities to members during the work ordered day to better their own lives including skill building and assistance with employment, education, socialization, transportation, housing, wellness and life skills. Pathfinder Clubhouse offers social and recreational opportunities on some evenings and weekends and we are open on all major holidays.

Pathfinder Clubhouse provides a safe environment for all members to come and participate. Pathfinder Clubhouse requires participants to be 18 years or older, living with mental illness and not to pose a current threat to the clubhouse community.

After receiving a referral Pathfinder Clubhouse will contact the person being referred to schedule a tour. Members of the Mental Health Community are welcome and encouraged to take tours with the people that are being referred.

To become a referring agent/agency partner, please contact Elizabeth@PathfinderClubhouse.org to receive a brief overview of the program and program referral requirements.

Full legal name of person being referred to Pathfinder Clubhouse: _____

Preferred name:_____Pronouns: _____

Phone number: _____ DOB: _____

Address: _____

Name of Referent (Mental Health Professional, Medical Professional, Disability Representative):

Agency making referral: _____

Name _____ Title _____

How many years have you worked with this person _____How often do you see them _____

Referent's phone number: _____Fax number: _____

Email: _____

Please email Elizabeth@PathfinderClubhouse.org to discuss your questions about this person's participation.

Signature: _____ Date: _____

Referral Criteria

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Pathfinder Clubhouse strives to make the referral process as smooth and seamless as possible ensuring minimal to no barriers for access to our services.

- Pathfinder Clubhouse is a program of choice, no person can be court ordered or mandated by any entity to participate in our program.
- Client being referred must have a diagnosed mental illness.
- Client being referred must be 18 years of age or older.
- Client being referred must be site safe.
    - Must be able to independently manage their safety and self-care needs in order to be eligible and appropriate for Clubhouse.
    - Must not be a current or significant threat (may have made mistakes in the past but as long as they have no recent history of violent behavior and nor history of predatory background such as sexual, extortion as well as selling or distributing drugs).
- Referring agent is encouraged to offer to attend a tour with the person being referred to give a warm hand off as it is often scary to see a new program unaccompanied when you are living with a mental illness or have been isolating.
- Referrals can be emailed to Elizabeth@PathfinderClubhouse.org, faxed to (855) 962- 2388 or delivered in person to Pathfinder Clubhouse at:

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Any questions about this process or criteria please email Elizabeth@PathfinderClubhouse.org, call 458-217-3040 or stop by for more information.