Brooks Clubhouse

**Community and Vocational Reintegration Center**

Thank you for your interest in Brooks Clubhouse. We are glad you are considering becoming a member of the Clubhouse and we would like to get a little information about you prior to inviting you for a tour. Please take time to complete this confidential information form; it is a required prerequisite for admission to the Clubhouse. If you would like a call back, please check here: \_\_\_\_\_

Membership Criteria:

1. Do you have an acquired neurological injury (brain injury)? \_\_\_ yes \_\_\_ no
2. Are you age 16 or older? \_\_\_ yes \_\_\_ no
3. Are you independent in self care or accompanied by a companion? \_\_\_ yes \_\_\_ no
4. Are you safe without direct supervision, not a risk to self or others? \_\_\_ yes \_\_\_ no
5. Do you possess a desire to help yourself and help others? \_\_\_ yes \_\_\_ no
6. Do you want to participate in productive activity? \_\_\_ yes \_\_\_ no
7. Have funding resources identified to pay for membership fees? \_\_\_ yes \_\_\_ no

**Identifying Information:**

|  |  |  |
| --- | --- | --- |
| First Name |  | |
| Middle Init |  | |
| Last Name |  | |
| Suffix |  | |
| Nickname |  | |
| Birth Date |  | |
| Phone # |  | |
| Referred by | □ Family □ Friend □News or Social Media □NRDT Program □Physician  □ Brooks Inpatient □ Brooks Outpatient □Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Address |  | |
| Apt/Suite |  | |
| City |  | |
| State |  | |
| Zip |  | |
| Diagnosis |  | Date of Onset: |
| Email |  |  |