



## Referral Form

Pathfinder Clubhouse  
250 NW 1<sup>st</sup> Street  
Corvallis, OR 97330  
[Elizabeth@PathfinderClubhouse.org](mailto: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](mailto: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](mailto: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 remain appropriate without disruptive/manipulative behavior.
  - 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](mailto:Elizabeth@PathfinderClubhouse.org), faxed to (855) 962- 2388 or delivered in person to Pathfinder Clubhouse at:

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250 NW 1<sup>st</sup> Street  
Corvallis, OR 97330

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