



The Clubhouse Membership Application

Application can be emailed to: TheClubhouse@AshleyTreatment.org

****To be completed by member****

Date: _____

MEMBER INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Email: _____

Work Phone: _____ Mobile Phone: _____

Date of Birth: _____

Gender: _____

Race:

Black/African-American

Hispanic/Latino

White

Multi-Racial

Asian or Pacific Islander

Other

Name of the School You Are Attending: _____

Grade: _____

Would you be interested in Ashley Staff helping with school work? Yes No

Living arrangements:

Living With Parents/Guardians

Group Home/Residential Substance

Foster Care/Shelter

Abuse Facility

Hotel

Other: _____

Homeless

Why are you interested in joining The Clubhouse?

What activities interest you? (select all that apply)

Educational/Tutoring

Volunteering in Community

Theater

Exercise

Social Activities/Dances

Employment Skills

Recreational Activities

Sports

Healthy Eating/Cooking

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...continued, what activities interest you? (select all that apply)

Money Management

Discussion groups on
teen issues

Fitness

Music/Art

Improved family interaction

Computer

Family Night

Cultural Events/
Plays/Museums

Relaxing/Place to hang out

Holiday events

Off-site field trips

PARENT/GUARDIAN INFORMATION

Name: _____

Relation to Member: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Email: _____

Work Phone: _____ Mobile Phone: _____

Do we have your permission to add you to our mailing list (we do not sell our lists)? Yes No

EMERGENCY CONTACT INFORMATION

If my parent/guardian cannot be reached in an emergency, I hereby give permission to the person named as emergency contact to transport me and authorize my medical treatment.

Emergency Contact Name: _____ Relation to Member: _____

Telephone Number(s): _____

MEMBER MEDICAL HISTORY

1. Have you now or had you at any time in the past
 - a. A medical or limiting condition such as wearing glasses, contacts, or hearing aids?
Yes No
 - b. Special health requirements? Yes No
 - c. Require a small group size/more individualized care? Yes No
 - d. Any other physical, psychiatric or behavioral problem? Yes No
 - e. If you answered yes to any of the above items, please provide detailed information.

2. Do you take any type of medication, prescription or over-the-counter drug?

Yes No

3. List all medications you are taking or have taken in the past below.

PLEASE NOTE: THE CENTER STAFF WILL NOT ADMINISTER MEDICATION.

4. Do you have allergies? Yes No

a. If yes, please list all allergies.

b. Do you have allergies that may require medical care? Yes No

c. Does your emergency care require medication administration? Yes No

IF YES: I will complete an “Allergy and Medical Emergency Care Plan” and will provide necessary medications and medication administration forms during the intake process.

THE CLUBHOUSE CODE OF HONOR

1. We will encourage and lift up other members.
2. We will promote tolerance, acceptance, and sensitivity to diverse pathways of recovery and diverse cultures.
3. We will be respectful to staff members of The Clubhouse.
4. We will walk not run in The Clubhouse.
5. We will refrain from the use of profanity.
6. We will be free of any mind-altering chemicals during participation in the program.
7. We will maintain strict confidentiality regarding whom and what we see and hear while participating in The Clubhouse. We will expect the same from others regarding our own confidentiality.
8. We will be on time to meetings and activities.
9. When in public, we will stay with staff unless direct permission was given to do otherwise (e.g., to use the restrooms).
10. When in public, please use kind language and behavior.
11. When in public, we will ensure safety by not participating in horse play.
12. Please let staff know if you need to use the restrooms, we prefer the restroom to be used by one member at a time.
13. We will use appropriate websites on the computers.
14. We will show respect by not taking supplies from The Clubhouse.
15. We will let staff know where we are going if we leave The Clubhouse for safety reasons. (e.g., to use the restroom or when leaving the facility)

** The Rules of Conduct will be clearly posted at the facility and may be subject to review and approval by the Office of Mental Health (OMH)/Core Service Agency (CSA).

YES, I have read and agreed to the above statements.

GRIEVANCE PROCEDURE

The Grievance Procedure for The Clubhouse will be posted on-site and outlined in the handbook that participants will be given upon acceptance into the program. Participants will be encouraged to ask questions about the policy at any time. A review of formal complaints will be conducted monthly by the director of the Adolescent Clubhouse to determine trends, areas needing performance improvement and actions to be taken. An administrative record of all grievances will be maintained. The participant may report a grievance through Ashley's website or through written means. All grievances will be directed to the director of the Adolescent Clubhouse who may ask the participant to participate in a problem-solving session with The Clubhouse peer. After the peer has attempted to resolve the issue and the participant is still not satisfied, the grievance will be escalated to the vice president of outpatient services and/or vice president of clinical services of Ashley. The decision from the vice president of outpatient services and/or vice president of clinical services will be final.

If Ashley fails to respond as provided in its appeal procedure, or the consumer is dissatisfied with the provider's response, the consumer may file an appeal with the OMH/CSA.

The steps in the appeal process to the OMH/CSA include the following:

1. Consumers may file an appeal to the OMH/CSA within 14 days (excluding weekends and holidays) of receipt of the provider's decision on their grievance. (The OMH/CSA will accept appeals outside of this time frame for good cause.)
2. The appeal may be submitted in writing or verbally and include a discussion of the grievance and copy of the decisions (if possible) of the provider.
3. The **Executive Director or Designee** will contact the individuals involved. There will be a review of the information submitted by the grievant and others.
4. The OMH/CSA will issue a verbal/written decision to the grievant within 5 days (excluding weekends/holidays).
5. If the grievant is dissatisfied with the decision, an appeal may be filed with the president of the OMH/CSA's Board of Directors. The **president** will establish a committee to review the merits of the appeal and render a decision in 5 days (excluding weekends/holidays).

To file an appeal to the OMH/CSA, please send the information to the address below:

Executive Director
Office on Mental Health
Core Service Agency of Harford County, Inc.
2231 Conowingo Road, Suite A
Bel Air, MD 21015

To file an appeal to the OMH/CSA's Board of Directors please send the information to the address below:

President of the Board of Directors
Office on Mental Health
Core Service Agency of Harford County, Inc.
2231 Conowingo Road, Suite A
Bel Air, MD 21015

Telephone Numbers: Main #: (410) 803-8726 | Fax #: (410) 803-8732
Monday thru Friday 8:30AM – 4:30PM

YES, I have read and agreed to the above statement.

TRANSPORTATION RELEASE CONSENT FORM

At times it becomes necessary to use Ashley vehicles to transport The Clubhouse members to and from activities or for an emergency. When this occurs, Ashley Inc. requires you as the member to acknowledge and sign this Transportation Release Consent Form.

By signing this form, I hereby release Ashley Inc., as well as its directors, administrators, employees or other agents from all liability or damages for any and all injuries arising from the negligence of any of the above while traveling to any clubhouse activity via Ashley vehicle transportation.

YES, I have read and agreed to the above statement.

STANDARD WAIVERS AND RELEASE AUTHORIZATION FOR PARTICIPATION

I am a legally competent adult. I understand that even when every reasonable precaution is taken, incidents and accidents may occur. Therefore, in exchange for The Clubhouse allowing me to participate, I voluntarily and intentionally hold harmless and release Ashley Inc., its employees, volunteers, members and guest from any and all liability for loss, damage, injury or death, including any claims based on ordinary negligence, action or inaction connected to my participation. I also agree to indemnify Ashley Inc. for claims made by or for myself or claims arising from any relationship with myself or my estate. I have read this form and agree to participate in all activities provided by The Clubhouse.

YES, I have read and agreed to the above statement.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If I should become ill or injured during The Clubhouse activities, I understand that The Clubhouse will 1) contact my parent/guardian immediately 2) contact the person(s) I have designated in case my parent/guardian cannot be reached. Should The Clubhouse be unable to reach my parent/guardian or the person(s) designated, The Clubhouse, is authorized to contact my physician or arrange for immediate medical treatment to ensure my health and safety, including the administration of medications or injections provided by me for such purpose. I accept responsibility for payment for medical services rendered.

YES, I have read and agreed to the above statement.

PHOTO RELEASE

Ashley Inc. has my permission to use photographs, videos and testimonials of and from myself in The Clubhouse promotional materials.

YES, I have read and agreed to the above statement.

INFORMATION AND CONSENT

I am aware that The Clubhouse offers free after-school activities as well as snacks and drinks. The hours of operation are 2:00 pm to 8:00 pm Monday through Friday and Saturday from 9:00 am to 12:00 pm. My signature below indicates that I have read all consents and guidelines in order to attend the center and participate in all scheduled activities. I am aware that I am responsible for all of my transportation to and from the center.

I acknowledge that once I sign out, the center staff is no longer responsible for members or their transportation.

YES, I have read and agreed to the above statement.

Would you like to receive email communication from us to provide you with informative materials and events? Yes No

How did you learn about The Clubhouse?

Flyer in the Mail

Social Media

Physician/Therapist

Newspaper

Internet Search

Other

Radio

Friends/Family

FINAL CONSENT

I have read and understand the information contained in each of the above waivers and/or releases.

Member's Printed Name: _____ Date: _____

Member's Signature: _____