

(503) 468-0808
349 7TH STREET, ASTORIA OR 97103



Beacon Clubhouse Referral Form

Beacon Clubhouse offers people living with mental illness hope and opportunities to reach their full potential. Participation in Beacon Clubhouse, and all of its activities, is voluntary, and each member chooses the way that they utilize the clubhouse. We offer a wide range of opportunities to members during the work ordered day including skill building, socialization, support, advocacy, and assistance with applications and referrals.

Beacon Clubhouse provides a safe environment for all members to come and participate. Beacon Clubhouse requires participants to be 18 years or older living with mental illness.

After receiving a referral, Beacon 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.

Name of person being referred to Beacon Clubhouse:

_____ Date of Referral: _____

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: _____