Overview of Member Orientation

Brief Description of GOC

The Gainesville Opportunity Center (GOC) is a mental health recovery center. The GOC helps adults with mental illness by giving them purpose through connection to peers and participation in meaningful work ordered day. At the Clubhouse, staff and members work side by side to run internal work units. We also provide employment support. Our goal is for our members to realize that they are a vital part of our community.

The Gainesville Opportunity Center, Inc. (GOC) is a primary corporate entity that has established itself as a non-profit agency with Federal 501(c)(3) status since May 11, 2007. The GOC helps adults living with severe and persistent mental illness and disorders re-integrate into the community. Based on an innovative and proven program called the “International Clubhouse Model (http://clubhouse-intl.org).” The people we serve are our members, not our patients, or clients. Our members belong to the community we call a Clubhouse. Much more than simply a program or a social service, a Clubhouse is most importantly a community of people who are working together to achieve a common goal: the opportunities to (re)join the worlds of friendships, family, employment and education.

Mission and Vision Statement

**Mission:** To promote the empowerment and independence of adults affected by mental illness or disorders with or without co-occurring substance-use by providing opportunity for social involvement, job skills, and self-directed recovery.

**Vision:** The Gainesville Opportunity Center improves the lives of members and the greater Gainesville Community by: 1) operating a work ordered day model that relies on the voluntary participation of its members; 2) supporting member employment and education; 3) developing innovative programs, research, and shared knowledge; 4) collaborating with others to inspire and teach about living with mental illness and disorders; and 5) advocating for people living with serious mental illness and disorders to improve perceptions and practices.
GOC Core Member Services

GOC Work Units
Social Events
Employment
Support Services
Education

GOC Member Participation Process

01 Overview of Orientation
01 Overview of Orientation
**Member Application**

To be eligible for membership an applicant must:

1. Be interested in attending Gainesville Opportunity Center (GOC), as membership is voluntary
2. Have a primary presenting problem associated with severe and persistent mental illness
3. Be able to get to the GOC
4. Not pose a threat to our community
5. Be at least 18 years of age

To be considered for membership, the following documents must be submitted:

1. A GOC Membership Application
2. Referral which includes diagnosis from a Mental Health provider.

**Interest Survey**
To best suit your needs, please complete the GOC Member Interest Survey.

**Information About the GOC**

1. International Clubhouse Standards
2. GOC Handbook: includes Clubhouse Policies and Member Rights and Responsibilities
3. GOC Brochure
4. Weekly Newsletter
International Standards for Clubhouse Programs™

The International Standards for Clubhouse Programs, consensually agreed upon by the worldwide Clubhouse community, define the Clubhouse Model of rehabilitation. The principles expressed in these Standards are at the heart of the Clubhouse community’s success in helping people with mental illness to stay out of hospitals while achieving social, financial, educational and vocational goals. The Standards also serve as a “bill of rights” for members and a code of ethics for staff, board and administrators. The Standards insist that a Clubhouse is a place that offers respect and opportunity to its members. The Standards provide the basis for assessing Clubhouse quality, through the Clubhouse International Accreditation process. Every two years the worldwide Clubhouse community reviews these Standards, and amends them as deemed necessary. The process is coordinated by the Clubhouse International Standards Review Committee, made up of members and staff of Accredited Clubhouses from around the world.

MEMBERSHIP
1. Membership is voluntary and without time limits.

2. The Clubhouse has control over its acceptance of new members. Membership is open to anyone with a history of mental illness, unless that person poses a significant and current threat to the general safety of the Clubhouse community.

3. Members choose the way they utilize the Clubhouse, and the staff with whom they work. There are no agreements, contracts, schedules, or rules intended to enforce participation of members.

4. All members have equal access to every Clubhouse opportunity with no differentiation based on diagnosis or level of functioning.

5. Members at their choice are involved in the writing of all records reflecting their participation in the Clubhouse. All such records are to be signed by both member and staff.

6. Members have a right to immediate re-entry into the Clubhouse community after any length of absence, unless their return poses a threat to the Clubhouse community.

7. The Clubhouse provides an effective reach out system to members who are not attending, becoming isolated in the community or hospitalized.

RELATIONSHIPS
8. All Clubhouse meetings are open to both members and staff. There are no formal member only meetings or formal staff only meetings where program decisions and member issues are discussed.

9. Clubhouse staff are sufficient to engage the membership, yet few enough to make carrying out their responsibilities impossible without member involvement.

10. Clubhouse staff have generalist roles. All staff share employment, housing, evening and weekend, holiday and unit responsibilities. Clubhouse staff do not divide their time between
Clubhouse and other major work responsibilities that conflict with the unique nature of member/staff relationships.

11. Responsibility for the operation of the Clubhouse lies with the members and staff and ultimately with the Clubhouse director. Central to this responsibility is the engagement of members and staff in all aspects of Clubhouse operation.

SPACE
12. The Clubhouse has its own identity, including its own name, mailing address and telephone number.

13. The Clubhouse is located in its own physical space. It is separate from any mental health center or institutional settings, and is impermeable to other programs. The Clubhouse is designed to facilitate the work-ordered day and at the same time be attractive, adequate in size, and convey a sense of respect and dignity.

14. All Clubhouse space is member and staff accessible. There are no staff only or member only spaces.

WORK-ORDERED DAY
15. The work-ordered day engages members and staff together, side-by-side, in the running of the Clubhouse. The Clubhouse focuses on strengths, talents and abilities; therefore, the work-ordered day must not include medication clinics, day treatment or therapy programs within the Clubhouse.

16. The work done in the Clubhouse is exclusively the work generated by the Clubhouse in the operation and enhancement of the Clubhouse community. No work for outside individuals or agencies, whether for pay or not, is acceptable work in the Clubhouse. Members are not paid for any Clubhouse work, nor are there any artificial reward systems.

17. The Clubhouse is open at least five days a week. The work-ordered day parallels typical working hours.

18. The Clubhouse is organized into one or more work units, each of which has sufficient staff, members and meaningful work to sustain a full and engaging work-ordered day. Unit meetings are held to foster relationships as well as to organize and plan the work of the day.

19. All work in the Clubhouse is designed to help members regain self-worth, purpose and confidence; it is not intended to be job specific training.

20. Members have the opportunity to participate in all the work of the Clubhouse, including administration, research, enrollment and orientation, reach out, hiring, training and evaluation of staff, public relations, advocacy and evaluation of Clubhouse effectiveness.

EMPLOYMENT
21. The Clubhouse enables its members to return to paid work through Transitional Employment, Supported Employment and Independent Employment; therefore, the Clubhouse does not provide
employment to members through in-house businesses, segregated Clubhouse enterprises or sheltered workshops.

**Transitional Employment**

22. The Clubhouse offers its own Transitional Employment program, which provides as a right of membership opportunities for members to work on job placements in the labor market. As a defining characteristic of a Clubhouse Transitional Employment program, the Clubhouse guarantees coverage on all placements during member absences. In addition the Transitional Employment program meets the following basic criteria:
   a. The desire to work is the single most important factor determining placement opportunity.
   b. Placement opportunities will continue to be available regardless of the level of success in previous placements.
   c. Members work at the employer’s place of business.
   d. Members are paid the prevailing wage rate, but at least minimum wage, directly by the employer.
   e. Transitional Employment placements are drawn from a wide variety of job opportunities.
   f. Transitional Employment placements are part-time and time-limited, generally 15 to 20 hours per week and from six to nine months in duration.
   g. Selection and training of members on Transitional Employment is the responsibility of the Clubhouse, not the employer.
   h. Clubhouse members and staff prepare reports on TE placements for all appropriate agencies dealing with members’ benefits.
   i. Transitional Employment placements are managed by Clubhouse staff and members and not by TE specialists.
   j. There are no TE placements within the Clubhouse. Transitional Employment placements at an auspice agency must be off site from the Clubhouse and meet all of the above criteria.

**Supported and Independent Employment**

23. The Clubhouse offers its own Supported and Independent Employment Programs to assist members to secure, sustain, and better their employment. As a defining characteristic of Clubhouse Supported Employment, the Clubhouse maintains a relationship with the working member and the employer. Members and staff in partnership determine the type, frequency and location of desired supports.

24. Members who are working independently continue to have available all Clubhouse supports and opportunities including advocacy for entitlements, and assistance with housing, clinical, legal, financial and personal issues, as well as participation in evening and weekend programs.

**EDUCATION**

25. The Clubhouse assists members to reach their vocational and educational goals by helping them take advantage of educational opportunities in the community. When the Clubhouse also provides an in-house education program, it significantly utilizes the teaching and tutoring skills of members.

**FUNCTIONS OF THE HOUSE**

26. The Clubhouse is located in an area where access to local transportation can be assured, both in terms of getting to and from the program and accessing TE opportunities. The Clubhouse provides or arranges for effective alternatives whenever access to public transportation is limited.
27. Community support services are provided by members and staff of the Clubhouse. Community support activities are centered in the work unit structure of the Clubhouse. They include helping with entitlements, housing and advocacy, promoting healthy lifestyles, as well as assistance in finding quality medical, psychological, pharmacological and substance abuse services in the community.

28. The Clubhouse is committed to securing a range of choices of safe, decent and affordable housing including independent living opportunities for all members. The Clubhouse has access to opportunities that meet these criteria, or if unavailable, the Clubhouse develops its own housing program. Clubhouse housing programs meet the following basic criteria:
   a. Members and staff manage the program together.
   b. Members who live there do so by choice.
   c. Members choose the location of their housing and their roommates.
   d. Policies and procedures are developed in a manner consistent with the rest of the Clubhouse culture.
   e. The level of support increases or decreases in response to the changing needs of the member.
   f. Members and staff actively reach out to help members keep their housing, especially during periods of hospitalization.

29. The Clubhouse conducts an objective evaluation of its effectiveness, including Clubhouse International Accreditation.

30. The Clubhouse director, members, staff and other appropriate persons participate in a comprehensive two or three week training program in the Clubhouse Model at a certified training base.

31. The Clubhouse has recreational and social programs during evenings and on weekends. Holidays are celebrated on the actual day they are observed.

FUNDING, GOVERNANCE AND ADMINISTRATION
32. The Clubhouse has an independent board of directors, or if it is affiliated with a sponsoring agency, has a separate advisory board comprised of individuals uniquely positioned to provide financial, legal, legislative, employment development, consumer and community support and advocacy for the Clubhouse.

33. The Clubhouse develops and maintains its own budget, approved by the board or supported by an advisory board which provides input and recommendations prior to the beginning of the fiscal year and monitored routinely during the fiscal year.

34. Staff salaries are competitive with comparable positions in the mental health field.

35. The Clubhouse has the support of appropriate mental health authorities and all necessary licenses and accreditations. The Clubhouse collaborates with people and organizations that can increase its effectiveness in the broader community.

36. The Clubhouse holds open forums and has procedures which enable members and staff to actively participate in decision making, generally by consensus, regarding governance, policy making, and the future direction and development of the Clubhouse.
Member Guidelines and Policies

1. We want to show our respect for the clubhouse by maintaining a clean and professional environment
   a. Please clean up after yourself
   b. Please be respectful of clubhouse property as well as fellow member’s and staff’s property

2. Mental Health clubhouses are a back to work program. Activities and behaviors are to mimic a professional office setting.
   a. Please avoid using foul offensive or racist language
   b. Please refrain from any inappropriate hugging/touching without her/his consent
   c. Always treat others with respect

3. We want to present a positive image for our clubhouse and daily activities
   a. This will be accomplished by members participating and not sitting around
   b. The daily activities are the main function of our clubhouse

4. We want our members to feel comfortable
   a. Please don’t pressure members to borrow, give away or share their belongings
   b. Please use the designated area to smoke and clean up after yourself at all times
   c. If you ever feel threatened, ask a staff member to help you immediately
GOC Laptop Policy

The GOC provides laptops for club business and member business purposes. This means that they are to be checked out for work related to the club, training classes, member job search, member housing search or general computer training. To reiterate, the laptops are not for entertainment or gaming. Food and drink will not be consumed while using any laptop.

Member Signature: ___________________________ Date: __________
Print Name: ___________________________
Consent to the Use and Disclosure of Personal Information for Treatment, Payment, or Clubhouse Operations

I understand that as part of my involvement, the Gainesville Opportunity Center, Inc., creates and maintains records describing my program involvement, work history, diagnoses, medications, and any plans for future care or treatment. I understand that this information serves as:

- a basis for planning my care and treatment
- a means of communication among the many professionals who contribute to my care
- a means by which a third-party payer can verify that services billed were actually provided
- and a tool for routine operations such as assessing quality and reviewing the competence of staff and program.

I understand and have been provided with a Confidentiality Notice that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that the Gainesville Opportunity Center reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address I’ve provided. I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request restrictions as to how my personal information may be used or disclosed to carry out treatment, payment, or clubhouse operations and that the organization is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already take action in reliance thereon.

I request the following restrictions to the use or disclosure of my information:

Signature of Member or Legal Representative

<table>
<thead>
<tr>
<th>Signature</th>
<th>Printed Name</th>
<th>Date</th>
</tr>
</thead>
</table>

EXPIRATION DATE: This authorization shall expire on ______________________

*If no date or event is stated the expiration date is 1 year from the date signed.*

*The member shall receive a copy of this authorization when signed.*
Members have a **Right** to a recovery from mental illness. The GOC provides a tool to help Members build independence and become part of a community.

Members have a **Responsibility** to Themselves... Only Members can be responsible for Members’ well-being and Recovery.

Members have a **Right** to a safe place to come. Members will be treated with dignity and respect at the GOC.

Members have a **Responsibility** to treat others the way Members wish to be treated. Show respect at all times.

Members have a **Right** to meaningful work at the Clubhouse. There are no jobs at the Club that are staff only or member only. Members have a right to work without limitations.

Members have a **Responsibility** to try new things. Making mistakes is part of the process. Participation in any individual task is voluntary.

Members have a **Right** to be here inclusive of any race, nationality, sexual or gender orientation, or religion.

Members have a **Responsibility** not to use offensive language towards any race, nationality, sexual or gender orientation, or religion. Offensive language will not be tolerated.

Members have a **Right** to a clean and sanitary place to come.

Members have a **Responsibility** to help keep the Clubhouse clean.

Members have a **Right** to form meaningful relationships at the Clubhouse.

Members have a **Responsibility** to treat everyone with respect.
New Member Orientation Checklist

00 New Member Packet Checklist
01 Overview of Member Orientation
02 International Clubhouse Standards Packet
03 Member Guidelines and Policies
04 Laptop Policy
05 Consent to the use/disclosure of PHI
06 Member Rights & Responsibilities
07 Orientation Checklist
08 Welcome Handbook (12 pages)
09 Yearly Medical
10 Authorization for Emergency Release
11 Grievance Policy Signature Sheet
12 Member Application
13 Interest Questionnaire
14 Authorization to Release Member Information
15 Diagnosis Letter

Once all boxes are checked, the info will be input into the database

☐ Info Entered into Database

Member Name Printed Neatly ________________________________

Signature______________________________________________________

Date _________________________________________________________

Staff Name Printed Neatly ________________________________

Signature______________________________________________________

Date _________________________________________________________

07 Orientation Checklist
Gainesville Opportunity Center
## Table of Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>What is A Clubhouse?</td>
</tr>
<tr>
<td>5</td>
<td>Clubhouse Policies</td>
</tr>
<tr>
<td>7</td>
<td>Member Rights and Responsibilities</td>
</tr>
<tr>
<td>5</td>
<td>Code of Ethics</td>
</tr>
<tr>
<td>8</td>
<td>Membership</td>
</tr>
<tr>
<td>8</td>
<td>Confidentiality Policy</td>
</tr>
<tr>
<td>9</td>
<td>Suspension and Expulsion Policy</td>
</tr>
<tr>
<td>11</td>
<td>Grievance Policy</td>
</tr>
<tr>
<td>12</td>
<td>Psychiatric Crisis Plan</td>
</tr>
<tr>
<td>13</td>
<td>Acknowledgement of Receipt of Program Policies</td>
</tr>
</tbody>
</table>
What is A Clubhouse?

The Gainesville Opportunity Center is a Clubhouse program, which creates a restorative environment for people with mental illness. Participants are members, not clients or patients, who work side by side in operating and accomplishing the goals of the Clubhouse.

The Gainesville Opportunity Center focuses on wellness, and on the strengths, talents, and abilities, not on a person’s illness. The Gainesville Opportunity Center is seeking accreditation by Clubhouse International (formerly ICCD.)

The Work-Ordered Day

Clubhouse days focus on the Work-Ordered Day model, which provides the core healing process. Every opportunity provided is a result of the efforts of members and staff, working side-by-side in a unique partnership.

Educational Support

Some members choose to pursue, or continue, GED or college courses. The Gainesville Opportunity Center supports members by advocating for them, and utilizing the strengths of our members to assist with tutoring, and advancing skills.

Social Program

A variety of social activities are designed by members and staff to relax, have a good time, develop social skills, and make new friends. The activities take place several times a month, and are generally after hours and on weekends.

Employment

It is an International Clubhouse standard to support members return to employment. At present, the GOC is working to develop this capacity.

Standard #21. The Clubhouse enables its members to return to paid work through Transitional Employment, Supported Employment and Independent Employment; therefore, the Clubhouse does not provide employment to members through in-house businesses, segregated Clubhouse enterprises or sheltered workshops.
Advocacy

The Gainesville Opportunity Center also assists members living with chronic mental illness, like schizophrenia, bipolar disorder, major depressive disorder, and other chronic conditions, with the support needed to:

- Secure housing
- Obtain medical care, and
- Maintain government benefits.

We believe that recovery from mental illness is a realistic goal for every one of our members!

As a member of this program, you have certain rights and responsibilities. The following handbook is designed to explain how the program works, and your rights. You will be provided with a form to sign, indicating that you understand your rights and responsibilities of membership. We hope that you find the Gainesville Opportunity Center to be a peaceful and restorative environment in which to continue on your journey to wellness.
Clubhouse Policies

1. We want our members to be comfortable attending the GOC. No one should feel pressured to give away or share their belongings. Please do not ask anyone to borrow money, cigarettes or any other item.

2. We want to present a positive image of our work based program and our members. It creates a negative image to see our members sitting around and smoking. Smoking is located in the designated smoking area. This area is located on the sidewalk away from building entrances.

3. We want to act in a manner that is appropriate for a professional office setting. Please avoid using foul, offensive, or racist language. Don’t touch or hug anyone without his or her consent. Avoid degrading and sexual comments. Sexual harassment is strictly prohibited. Treat others with respect.

4. We want to show our respect for the clubhouse by maintaining a clean professional environment. Please clean up after yourself. Vandalism of clubhouse or member’s property will not be tolerated.

5. We want everyone who attends the GOC to feel safe. Violence in any form, including verbal, is not allowed. Weapons and dangerous property are not permitted.

6. We want everyone to be in an appropriate mindset to participate in the work order day. Please take your medications as prescribed. Please don’t come to the clubhouse if you are under the influence of alcohol or illicit drugs.

7. The GOC provides laptops for club business and member business purposes. This means that they are to be checked out for work related to the club, training classes, member job search, member housing search or general computer training. To reiterate, the laptops are not for entertainment or gaming. Food and drink will not be consumed while using any laptop.
8. The Gainesville Opportunity Center is bound by the rules governing mental health providers to maintain the confidentiality of all private health information. Your membership will not be discussed with any outside persons, including family, unless a proper authorization to release/obtain information is given by the member. Because the Clubhouse is not a treatment program, we do often utilize Facebook, Email, or newsletters, which may include first names and photos, however, this information will not be used unless the member signs a release prior to publication. It is your right to refuse your name and likeness to be used, and we will respect that choice.
GOC Member Rights and Responsibilities

Members have a **Right** to a recovery from mental illness. The GOC provides a tool to help Members build independence and become part of a community.

Members have a **Responsibility** to themselves. Only Members can be responsible for Members’ well-being and Recovery.

Members have a **Right** to a safe place to come. Members will be treated with dignity and respect at the GOC.

Members have a **Responsibility** to treat others the way Members wish to be treated. Show respect at all times.

Members have a **Right** to meaningful work at the Clubhouse. There are no jobs at the Club that are staff only or member only. Members have a right to work without limitations.

Members have a **Responsibility** to try new things. Making mistakes is part of the process. Participation in any individual task is voluntary. Members have a **Right** to be here inclusive of any race, nationality, sexual or gender orientation, or religion.

Members have a **Responsibility** not to use offensive language towards any race, nationality, sexual or gender orientation, or religion. Offensive language will not be tolerated.

Members have a **Right** to a clean and sanitary place to come. Members have a **Responsibility** to help keep the Clubhouse clean.
Members have a **Right** to form meaningful relationships at the Clubhouse.

Members have a **Responsibility** to treat everyone with respect and to keep sensitive information confidential.

**CODE OF ETHICS**

Each member of the staff accepts a personal responsibility to maintain high standards of professionalism; and through continuing education, training, and other methods of self-improvement, to constantly strive to upgrade the services offered to our community.

**Membership**

Upon acceptance into the Clubhouse, each new member will be provided a tour, and staff will provide an orientation to clubhouse including a review of the handbook. Membership at the Clubhouse is voluntary and without time limits. The Clubhouse maintains complete control over its acceptance of members. Membership is open to anyone who has a history of mental illness, unless that person poses a significant threat to the Clubhouse community. (A threat can be overt such as inappropriate behavior or subtle such as not participating in work-ordered day activities over a period of time. Not wishing to participate in daily activities constitutes a threat to culture we are creating.)

Members chose the way they utilize the Clubhouse, and the staff with whom they work. There are no contracts or agreements designed to bind members to the clubhouse, or force participation. Rules and schedules are maintained in order to provide a cohesive operation and benefit the members with structure and focus.

All members have equal access to every Clubhouse opportunity with no differentiation based on diagnosis and level of functioning.

Members have the right to immediate re-entry into the Clubhouse after any length of absence, unless their return poses a significant threat to the other Clubhouse members and staff.
The Clubhouse utilizes an effective reach-out program to members who are not attending, becoming isolated in the community, or hospitalized.

It is the policy of Gainesville Opportunity Center, that the clubhouse maintain compliance with Clubhouse International’s guidelines and accreditation. A copy of the Clubhouse International guidelines will be provided to you at orientation. Responsibility for the operation of the Clubhouse lies with the members and staff, and ultimately the Clubhouse Director.

### Confidentiality Policy

Confidentiality is the ethical principle or legal right that a physician or other health professional will hold secret all information relating to a patient, unless the patient gives consent permitting disclosure. **Why is confidentiality important?** Confidentiality is important for several reasons:

1. Protects personal information from disclosure.
2. Prevents the improper dissemination of information that might increase the likelihood of discrimination.
3. Protects personal and family security.
4. The law requires that personal information be protected.

**What specific unit tasks in the clubhouse does confidentiality pertain to?**

There are several unit tasks that require members and staff to maintain confidentiality:

1. Conducting member file audits by name only
2. Participating in new member orientations.
3. Inputting personal information into the clubhouse database.
4. Filing member files and paperwork.

**What is considered a breach of confidentiality?** The following are examples of what could be considered a violation of the confidentiality guidelines. Please note that this is not an exhaustive list and there are certainly other examples. This is intended to give you an idea of what to look out for when maintaining confidentiality:
1. Allowing people who have not been trained in confidentiality to have personal information.
2. Allowing others to see personal information on a computer or leaving a computer unattended that has access to personal information.
3. Leaving member files unattended.
4. Leaving outreach lists that contain personal contact information unattended.
5. Removing personal information from the building.
6. Discussing personal information with others.

What can you do to help protect a member’s privacy? There are several ways that you can help to maintain a member’s confidentiality:

1. When filing, auditing, or updating a member’s file, take care not to read the contents unless absolutely necessary.
2. Maintain professional standards.
3. Return files to the file cabinet when you are finished with them.
4. Do not share any personal information with others.
5. Ask questions. If something doesn’t seem right, ask an individual trained in confidentiality.
Suspension/Expulsion Policy

It is expected that each member will be respectful and not hinder the recovery of others, disrupt the Clubhouse, or pose a risk to the safety and security of members and staff. In the event disciplinary action must be taken, the offense will be considered, and appropriate action will be taken due to the nature of the offense and risk involved. Should disciplinary action be taken, this may include behavior contracts, suspension, and expulsion.

Suspension and expulsion from the Clubhouse will be used as a last resort, and when other interventions have been ineffective. Every effort will be made to take into account the members mental health, and correct issues without the necessity of any corrective action, if possible. The following are examples that will lead to suspension or expulsion:

- Assault – hitting, kicking, biting, shoving a client or staff person, or threatening to do so, will be met with a minimum of suspension, and may result in expulsion from the program.
- Inappropriate sexual behavior will not be tolerated, this includes exposure of genitalia, groping, fondling, or forcing any type of sexual act, even kissing and sex while at Clubhouse.
- Theft of Clubhouse property or money is unacceptable and will result in corrective action or expulsion.
- Use of alcohol and drugs at the Clubhouse will not be tolerated. If your use of alcohol or drugs when not at the Clubhouse threatens the sobriety of members, or functioning while at the Clubhouse, proper referrals to other treatment modalities will be made. The Clubhouse may choose to ask for a urinary drug screen when this activity is suspicioned, or at acceptance into the program if there is a history of substance abuse.
- Possession of weapons while at the Clubhouse (knives, guns, bats, martial arts equipment of all kinds) is strictly prohibited.
- There is to be no sharing of medications, or taking of others medications at Clubhouse.
Grievance Procedure

The Gainesville Opportunity Center wishes to maintain the highest standards, and provide every person with an enjoyable and enriching experience. If you feel your rights have been violated, or have issues that cannot first be resolved by discussing the issues with staff or the Director, you are encouraged to put your complaint in writing and have it forwarded to the Board of Directors. Grievance forms may be obtained from any staff person, and will be forwarded to the Board.

Psychiatric Crisis

In the event of a psychiatric crisis, the following procedure will be taken to ensure the members safety, and the safety of others:

The staff strive to remain acutely aware of each member’s mental status in order to link to other resources when necessary. (Note: is this accurate for what we do at the GOC.) Staff work with members to help ensure safety and stability, but at times a crisis may happen.

When a crisis happens, all efforts will be made to de-escalate the situation, restore calm, and link to outside resources. However, in the event that a member poses a significant threat to him/herself, Baker Act procedures may be initiated. All staff are provided training in non-violent de-escalation techniques and crisis intervention.

All professionals working with Gainesville Opportunity Center are considered mandatory reporters. This means that they are obligated to report suspected abuse, neglect or abandonment of children or the elderly. If you have questions about these requirements, please do not hesitate to ask any staff person.
Gainesville Opportunity Center Clubhouse acknowledgment of receipt of policies and procedures

I, ______________________, have received a copy of all Rules and pertinent Policies and Procedures of Gainesville Opportunity Center Clubhouse. The following topics were reviewed with me:

☐ Program Overview
☐ Clubhouse Policies
☐ Member Rights and Responsibilities
☐ Confidentiality Policy
☐ Suspension/Expulsion Policy
☐ Grievance Procedure

I understand that by signing below I have agreed to abide by all the rules and expectations of the Clubhouse. I understand that failure to abide by these rules will result in corrective action, including expulsion from the Clubhouse. The Gainesville Opportunity Center (GOC) is not a medical or psychiatric treatment facility and accepts no liability for your treatment. Members are expected to take responsibility for not consuming any food at the GOC which may trigger an allergic reaction.

__________________________________    ____________
Member Name, Print                      Date

_________________________________
Member Signature

__________________________________    _______________________
Staff Name, Print                      Staff Signature

Member must receive this handbook, and a copy of this acknowledgement must be placed in the Member’s file.
Authorization for the Emergency Release of Medical Information (yearly release) (HIPAA)
GAINESVILLE OPPORTUNITY CENTER, INC.

I hereby authorize the GAINESVILLE OPPORTUNITY CENTER, INC. to release information concerning personal and/or medical history to Emergency Medical Personnel and fire protection.

Furthermore I also understand that if I chose to participate in a clubhouse activity that occurs in the community, clubhouse staff will have a copy of my Emergency Fact Sheet with them, to provide any necessary information to Emergency Medical Personnel. This information will be kept in a secure setting.

_________________________________________  __________________________
Signature  Date
GRIEVANCE POLICY ACKNOWLEDGEMENT OF RECEIPT

I, _____________________________________________ have received a copy of the Gainesville Opportunity Centers Grievance Procedure. I have had this policy explained to me and I have had an opportunity to have my questions answered.

I understand that all services provided by the Gainesville Opportunity Center are subject to the availability of funds and are not guaranteed beyond the availability of these funds.

☐ I been offered and **accepted** a written copy of GOC’s Member Rights and Responsibilities Policy.
☐ I been offered and **declined** a written copy of GOC’s Member Rights and Responsibilities Policy.

Please check one of the above statements regarding GOC Member Rights and Responsibilities Statement

Member Signature: ____________________________ Date: ________________

Witness: ____________________________ Date: ________________
MEMBERSHIP APPLICATION

The Gainesville Opportunity Center is dedicated to the recovery of people living with mental illness by providing opportunities for our members to live, work, socialize, and learn, while contributing their talents through a community of mutual support.

A working community is at the heart of our model. By working together, members regain confidence, make friends, learn new skills, and make progress towards achieving their employment and educational goals. This opportunity to be a part of a successful working community is restorative and builds dignity and self-esteem.

Answer questions as honestly and completely as possible. Substance use or legal involvement do not disqualify GOC membership. YOUR INFORMATION WILL BE KEPT CONFIDENTIAL.

Member:

<table>
<thead>
<tr>
<th>First name</th>
<th>Nick name</th>
<th>Last name</th>
<th>Date of Birth</th>
<th>Gender</th>
</tr>
</thead>
</table>

Address and contact information

Street:____________________________________________________Apt:_________
City:__________________________________State:________________ Zip:_________
Phone:________________________________County:________________________________

How long have you resided here? ___________ years ___________ months

Email Address:__________________________________________

Are you on Facebook?  ○ Yes  ○ No  Are you on Twitter?  ○ Yes  ○ No

Who is recommending you?
Name and/or Name of Agency:_______________________________________

Do you need help with transportation to attend Clubhouse?  ○ Yes  ○ No
**Current Housing Type** (please check one)

- 1) Own Home/Apartment (Non-subsidized)
- 2) With Family
- 3) Rooming/Boarding House, Hotel
- 4) Supported Apartment (Subsidized)
- 5) Supervised Housing
- 6) Supportive Apartment/Group home
- 7) Homeless/Undomiciled
- 9) Other, please specify: ______________________________________

Do you live alone or with others? ______________

Names of those you live with: ____________________________________________________

Do you have a history of homelessness? ______ If so, please explain: __________________

________________________________________________________

**Children**

Do you have any minor (younger than 18 years of age) children?  ○ Yes  ○ No

If YES, how many? __________

Number of your minor children who live with you? __________

**Information of two people to contact in case of emergency:**

<table>
<thead>
<tr>
<th>First name</th>
<th>Emergency Contact 1</th>
<th>Emergency Contact 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship to you</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Primary Language**

- English
- Spanish
- Other: ___________________________________________
Race (please check which best represents your race)

- African-American/Black
- American Indian/Native American
- Caucasian/White
- Asian/Chinese/Japanese/Korean
- Multiracial
- Pacific Islander
- Other: ________________________________

Hispanic?  
- Yes  
- No

Marital Status (please check one)

- Married/Partner
- Separated
- Divorced
- Widowed
- Single, Never Married

Education What is the highest grade in school you finished? (please check one)

- Didn’t go to school
- Grade school
- Some high school
- High school diploma or G.E.D.
- Vocational or training school after high school graduation
- Some college or Associate Degree
- College graduate
- Master’s Degree
- Doctoral Degree (Ph.D., M.D., J.D., etc.)

Veteran Status Are you a veteran?  
- Yes  
- No

Do you own any pets?  
- Yes  
- No

If yes, please tell us about your pets (name, type, etc.):
Current Employment What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.)

- [ ] Not currently employed
- [ ] Volunteer activities
- [ ] Retired
- [ ] Homemaker, care of others and home
- [ ] Employed (full-time or part-time)
- [ ] Other (please specify): ________________________________

Employment History Please describe your employment history. Attach as many pages as possible.

Do you have a current resume?  [ ] Yes  [ ] No

Medical Alerts (mark all that apply)

- [ ] Chronic Physical Illness
- [ ] Severe Food Allergic Reactions, known allergies: ________________________________

You are responsible for ensuring that you do not consume any food at GOC which you are allergic to.

- [ ] Deaf/Hearing Impairment
- [ ] Asthma
- [ ] Blind/Visual Impairment
- [ ] Diabetes
- [ ] Epilepsy/Seizure Disorder
- [ ] Hypertension
- [ ] Other: ________________________________

Date of Last Physical Exam: ________________  Date of Last Dental Exam: ________________
Medical & Psychiatric Contacts

<table>
<thead>
<tr>
<th>First and last name</th>
<th>Psychiatrist</th>
<th>Therapist</th>
<th>Primary Care Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How long have you been seeing them?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Psychiatric Hospitalizations
Total number of psychiatric hospitalizations: ________

Dates (month and year) of any hospitalizations **in the past three years**. Indicate name of hospital.

<table>
<thead>
<tr>
<th>Date (month and year)</th>
<th>Name of hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Legal History** (mark all that apply)

- ☐ Have you ever been in jail?
- ☐ Have you ever been in prison?
- ☐ Have you ever been convicted of a misdemeanor?
- ☐ Have you had any arrests for felonies?
- ☐ Have you ever been convicted of a felony?
- ☐ Have you ever physically injured another person?
- ☐ Do you have any history of violent behavior?

Date of last incarceration: __________________________________________________________

**Substance Use**

What is your current tobacco use status?

- ☐ Never used
- ☐ Quit using
- ☐ Current user
- ☐ VAP user

Would you like to quit using tobacco/nicotine/VAP?

- ☐ Yes  ☐ No
Do you have a history of problem alcohol or drug use?

○ Yes  ○ No

Have you ever been in treatment for drug or alcohol problem?

○ Yes  ○ No

Do you have any concerns regarding your drug or alcohol use?

○ Yes  ○ No

Do you attend any 12 step programs?  ○ Yes  ○ No

If so, which ones:

Are you currently involved in any programs, work, school, etc.?


Do you have any work restrictions due to a physical condition, mental health diagnosis, or medication that you are taking?  ○ Yes  ○ No  If yes, please describe the work restriction.

\n
What else you would like us to know about you?
Please indicate your availability to participate in GOC programming by checking circles below:

<table>
<thead>
<tr>
<th>Time Block</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 – 10 AM</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>10 – 11 AM</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>11 – 12 noon</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>12 – 1 PM</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>1 – 2 PM</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2 – 3 PM</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3 – 4 PM</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4 – 5 PM</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

The Gainesville Opportunity Center (GOC) is not a medical or psychiatric treatment facility and accepts no liability for your treatment. Members are expected to take responsibility for not consuming any food at the GOC which may trigger an allergic reaction.

_____________________________________________________________________

Date: ______________________

Member Name, Print

_____________________________________________________________________

Member Signature

Name of Interviewer: ________________________________________________

NOTES FROM INTERVIEWER:
1. Name: ____________________________________________________________

2. Why do you want to be a Clubhouse Member? (check all that apply)
   - A place to belong
   - Find a job
   - Learn job skills
   - Someone recommended this place
   - I have nothing else to do
   - Other (please list) ________________________________________________

3. What do you hope to accomplish at the Clubhouse? (check all that apply)
   - Make new friends
   - Find a job
   - Learn new skills
   - Help other people
   - I am not sure at this time
   - Other (please list) ________________________________________________

4. Please describe social activities you enjoy in the box below.

   ________________________________________________________________
5. Which GOC Work Units do you wish to join? Please check all that apply.

<table>
<thead>
<tr>
<th>WORK UNIT</th>
<th>Details</th>
<th>Check if you are interested</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE</td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>MEDIA</td>
<td>Includes Newsletter</td>
<td>○</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>Includes:</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>1. WRAP Training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Peer Specialist Training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Computer Classes</td>
<td></td>
</tr>
<tr>
<td>IT</td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>MARKETING &amp; OUTREACH</td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>SOCIAL EVENTS</td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>KITCHEN</td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>GOC CAFE</td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>PET CARE</td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>GARDEN</td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>ART</td>
<td>Class with Ann Cooper</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>Beading Class</td>
<td></td>
</tr>
<tr>
<td>WELLNESS &amp; EXERCISE</td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>CLOTHES CLOSET</td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>OTHER</td>
<td>Write your ideas here:</td>
<td></td>
</tr>
</tbody>
</table>
6. If you could have any job what would it be?  
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

7. What best describes your current situation. Mark all that apply,
   ○ I am currently looking for paid employment
   ○ I am currently looking for volunteer work.
   ○ I am not looking for paid employment or volunteer work.

8. If you are currently seeking paid employment, what is your timeframe for needing a job?
   ○ Immediately
   ○ 3 months
   ○ 6 months
   ○ Undetermined
   ○ I am not seeking paid employment

9. Do you currently have a job?  ○ Yes  ○ No  Please describe your current job:
   ______________________________________________________________________________________

10. What paid jobs have you had in the past?
    ______________________________________________________________________________________
    ______________________________________________________________________________________

11. Do you currently volunteer?  ○ Yes  ○ No  Please describe your volunteer job:
    ______________________________________________________________________________________

12. What volunteer jobs have you had in the past?
    ______________________________________________________________________________________
    ______________________________________________________________________________________

12 Interest Questionnaire
13. What was your favorite job in the past?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

14. Do you currently receive disability?  ○ Yes  ○ No
   a. Do you receive SSI (Social Security Income)?  ○ Yes  ○ No
   b. Do you receive SSD (Social Security Disability)?  ○ Yes  ○ No
   c. Do you receive another type of disability? If yes, please specify:__________________

15. How can GOC help you achieve your goals? Please mark all that apply.
   ○ Microsoft office training
   ○ Creating/improving my resume
   ○ Improving my interview skills
   ○ Help with filling out job applications
   ○ Other, please specify: ________________________________

16. Are you registered at EmployFlorida.com?  ○ Yes  ○ No

17. Please list any limitations you have due to disability or health conditions in the box below.


12 Interest Questionnaire
Authorization to Release Member Information

I, ______________________________________________, ________________________, hereby give permission (Member name) (Social security number) to _________________________________________________ ___________________________________________________________________ (Organization/Person) (address, city state and zip code) and the staff performing services in connection with my treatment to: (phone number) DISCLOSE information to: Gainesville Opportunity Center, Inc. Name of agency, individual or position (e.g., attorney, school counselor, therapist)

102 NE 10th Ave, #2 Gainesville FL, 32601
Address City State Zip code

(352) 224-5523 Phone

Fax

Forms in which information may be released:
☐ Oral ☐ Photocopy ☐ Written
☐ Electronically

Information to be disclosed
☐ My mental health record and any record of substance use in its entirety

☐ Only the following information (member must initial each item to be released):

☐ attendance records only ☐ name(s) of treatment providers

☐ diagnosis ☐ medication

☐ other: _______________________________________________________

Purpose for Disclosure
☐ To permit coordination and collaboration of mental health recovery and career planning

☐ To enable employer(s) to make a determination on employment status (including disability leave)

☐ Other: _______________________________________________________

At any time, I may revoke this consent orally or in writing. I understand that the revocation will not be effective retroactively for information exchanges that have already occurred. Unless otherwise noted, this consent expires one year from the date of my signature below.

__________________________________________ Date

Signature of member

_________________________ ______________
Signature of parent, guardian, conservator or other authorized representative (when required) Date

Witness

_________________________ ______________
Date

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42 CFR Part 2) prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse member.