



Menninger®

The Gathering Place

The Gathering Place Membership Information

To be Eligible for Membership:

- Have a primary diagnosis of serious mental illness
- Be an active participant in a personal wellness and recovery plan
- Be at least 18 years of age
- Refrain from alcohol/non-prescription drug use
- Not pose a threat to self, others, or the clubhouse community
- All applicants must have a tour of the facility

To Apply for Membership:

1. Call the membership line at 713-275-5338 to schedule a tour.
Tours are available Monday – Friday between 11 a.m. to 1:30 p.m. by appointment.
2. Submit application.
Any missing or incomplete components including the referral form and letter of guardianship will unfortunately delay the application process.
3. Application assessed by the review team.
Please allow the Intake office approximately 1 week to review applications.
4. If application is **approved**, applicants will be contacted for orientation/start date.
If application is **not approved**, applicants will be provided referral sources.

Contact & Additional Information:

Program Coordinator: Shalla Parker
Address: 5310 S. Willow Drive, Houston, Texas 77035
Phone: 713-275-5724 - Press option 2 for membership line
Fax: 713-275-5783
Email: sparker@menninger.edu
Web Address: <https://www.menningerclinic.org/treatment/treatment-for-adults/outpatient-programs/the-gathering-place>
Hours of Operation: Monday – Friday from 7:30 a.m. to 4:00 p.m.; Closed on holidays



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Membership Application

-Please print legibly-

Date of Application: _____

New Member

Returning Member

For Office Use Only

Date Received: _____

Entered By: _____

Start Date: _____

Applicant's Information

First Name: _____ MI: _____ Last Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: ____ / ____ / _____ Age: _____

Please circle all that apply

Place of Birth: USA / Other: _____

Gender: Male / Female / Other: _____

Race: White / Hispanic or Latino or Spanish / Black or African American

American Indian or Alaska Native / Asian / Other: _____

Primary Language: English / Other: _____

Marital Status: Single / Married / Separated / Divorced / Widowed / Other: _____

Current Living Status: Independently / With Family / Personal Care Home / Other: _____

Medical Alerts

Please circle all that apply

Asthma / Blind or Visual Impairment / Chronic Physical Illness / Deaf or Hearing Impairment

Diabetes Epilepsy or Seizure Disorder / Hypertension / New Psychiatric Medication / Recent Surgery

Severe Allergic Reactions / Other: _____



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Guardianship

Do you have a legal guardian? **Yes / No** **If yes, please provide a letter of guardianship.**

Guardian Full Name: _____

Guardian Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Guardian Phone: _____ Guardian Email: _____

Primary Emergency Contact

Full Name: _____ Relationship to you: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Secondary Emergency Contact

Full Name: _____ Relationship to you: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Transportation

What is your primary mode of transportation?

Please circle all that apply

Own vehicle / Metro Bus / Metro Lift / Taxi / Family Member / Transit Center

Education

Please circle all that apply

Less than High School / Some High School / GED / High School Diploma / Trade School

Some College / Associate's Degree / Bachelor's Degree / Some Graduate Work / Master's Degree

Advanced Graduate Degree



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Additional

Do you have a criminal history? Yes / No

If yes, please provide more information: _____

What is your veteran status? _____

What type of insurance do you have? _____

How did you hear about The Gathering Place? _____

Do you currently attend another program? Yes / No

If yes, please list the name of the program: _____

Is there anything else you would like for us to know about you?

Please print your name and sign below

Applicant's Printed Name: _____

Signature: _____ Date: _____

Guardian/LAR's Printed Name: _____

Signature: _____ Date: _____



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Referral Form
Membership for The Gathering Place

-Please print legibly-

Applicant's Name: _____

All referrals must be made by a Licensed Health Professional and this form must be completed by Referent.

Please circle one

Psychiatrist / Therapist / Primary Care Physician / Licensed Social Worker / Social Worker

Referent's Name: _____

Agency: _____

Address: _____

Phone: _____

Fax: _____

Email Address: _____

How long have you known this person? _____

Reason for referral to The Gathering Place:

DSM-V (Please complete both columns):

	DSM Codes	List the diagnoses
Axis 1		
Axis 2		
Axis 3		
Axis 4		
Axis 5		



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Current Medications (Please include dosage):

Name of Medication	Dosage	Name of Medication	Dosage
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Does he/she have a history of violent behavior? Yes / No

If yes, please explain: _____

Does he/she have a history of suicide attempts? Yes / No

If yes, please explain: _____

Is he/she currently and/or in the past abused drugs and/or alcohol? Yes / No

If yes, please explain: _____

Has this person been hospitalized in the past 6 months? Yes / No

If yes, please provide more details: _____

Is there any additional information you would like to add regarding this applicant?

Please print your name and sign below

Referent's Printed Name: _____

Signature: _____ Date: _____

This information may be submitted:

In Person/Mail to: The Gathering Place
5310 South Willow Drive
Houston, Texas 77035

By Fax: 713-275-5783

By E-mail: sparker@menninger.edu