

The Castle

Membership Application

Member #: _____ Gender: _____ Date Joined: _____ DOB: _____ HT: _____ WT: _____ Eye Color: _____ Hair Color: _____

1. Tell Us Who You Are

Name: _____ Telephone number: _____

Address: _____ City: _____ State: _____ ZIP: _____

2. Tell Us Who To Call In Case of an Emergency

Name: _____ Relationship to you: _____

Address: _____ Phone#: _____

3. Tell Us about Your Medical Care *(The Castle reserves the right to ask for documentation that the applicant does have a mental illness)*

Mental Health Center: _____

Case Manager or Physician: _____ Phone Number (s): _____

Do you have diabetes? _____ seizures? _____ allergies? _____ any other special needs? _____

4. Tell Us about Yourself

Where do you live? Give us your home address or your group home name and address: _____

What are your interests / hobbies? _____

Do you have a nickname? _____

Is there any other information you want us to know? _____

Signature of applicant or guardian: _____ Date: _____

By signing, the applicant verifies that s/he has read the policy statement regarding membership on the back of this document and agrees to abide by its rules. In addition, the applicant gives The Castle permission to communicate with mental health providers, case managers, family, group home operators, etc. as they relate to services provided to members at The Castle.

Staff Use Only

Recommended: _____ Date: _____

Approved: _____ Date: _____

Executive Director

THE CASTLE

POLICY STATEMENT OF THE CASTLE: Member Admission, Continued Stay, Corrective Action

The general policy/mission of The Friends of The Castle is to offer a service that is cost effective to the client under the auspices of the ADAMHS Board, affordable to the consumers, the Castle members, and available to a large number of the targeted population, people who have experienced some form of mental disorder, within the constraints of our resources, i.e. space, staffing and money.

1. Admission Criteria:

- a. All must have experienced some form of mental disorder
- b. Members must be adults (18 years or older)
- c. Members must be agree to abide by The Castle's rules, responsibilities, and procedures
- d. Members must be willing to pay a \$12.00 membership fee
- e. Members must sign in at each visit

2. Continued Stay Criteria:

- a. Membership is renewable annually in July. Membership is continual, if membership criteria are maintained
- b. A member will become inactive if any of the following occurs:
 - i. Death
 - ii. Member notifies The Castle Director of his/her decision to withdraw membership
 - iii. Three years lapse from the last time membership was renewed, member has not been attending, or efforts to contact member have been unsuccessful
 - iv. A lapsed member may renew membership by notifying The Castle of the desire to renew and paying the \$12 membership dues

3. Discharge and or Termination Criteria:

- a. Anti-social behavior may be cause for cancellation of membership. Anti-social behavior is defined as not adhering to The Castle rules which do not allow such actions as verbal, physical, or sexual harassment, drugs or alcohol on the premises, refusal to obey Castle rules, etc.
- b. The final decision on termination or suspension will belong to the Executive Director. However the Director may designate a staff or even the membership leadership to recommend action to be taken against a member depending upon the severity of the infraction and the urgency of the need to take corrective action.