



Los Angeles County Department of Mental Health Clubhouse Service Referral Form

Clubhouse services are community-based centers for beneficiaries that meet specialty mental health service criteria and have a serious mental illness (SMI). Clubhouse services use a "work-ordered day" model, where members and staff work side-by-side to operate the center. They provide a restorative environment, focusing on vocational support, education, housing, and social reconnection to foster independence.

Referral Date						
Date:						
Client Information						
Client Name:		DOB:		IBHIS#:		
Alias:		Phone Number:		Email:		
Preferred Language:						
Street Address (if unhoused, please specify city or area where client is generally located):			Apt #:	City:	State:	
Referring Provider Information						
Provider Name & Provider #:		Referring Staff Name:			Staff Email and/or Phone:	
Mental Health Diagnosis (check all that apply)						
Clubhouse Services are not appropriate for members solely diagnosed with SUD, I/DD, or psychosis induced by a medical condition.						
☐ Schizophrenia ☐ Schizoaffective D/O (all types) ☐ Schizophreniform D/O ☐ Other Specified Schizophrenia Spectrum & Other Psychotic D/O ☐ Unspecified schizophrenia spectrum and other psychotic disorder ☐ Brief psychotic disorder ☐ Delusional disorder ☐ Bipolar disorder (all types) ☐ Other specified bipolar and related disorder ☐ Unspecified bipolar and related disorder ☐ Major depressive disorder (all types) ☐ Unspecified depressive disorder ☐ Other (please specify):						



MH 770
7/1/2026

Employment (Current Employment Status)

- | | | |
|--|---|---|
| ☐ Paid Full-Time (35+hrs/wk) | ☐ Paid Internship | ☐ Not employed (Unknown details) |
| ☐ Paid Part-Time | ☐ Volunteer | ☐ Unknown |
| ☐ Supported Employment | ☐ Not employed but looking | ☐ Other: _____ |
| ☐ Transitional Employment | ☐ Not employed and not looking | |
| ☐ Temporary, Seasonal, Per Diem | ☐ Employed (Unknown details) | |

Education (Highest education level)

- | | | |
|--|---|--|
| ☐ No High school/GED/TASC | ☐ Some College but no degree | ☐ Graduate Degree |
| ☐ GED or TASC | ☐ Associate's Degree | ☐ Unknown |
| ☐ High School Diploma | ☐ Bachelor's Degree | ☐ Other: _____ |
| ☐ Business, Vocational, or technical training | | |

Current Living Situation

- | | | |
|--|--|--|
| ☐ Adult Home | ☐ Supported or Supportive Housing | ☐ Homeless (living on the street) |
| ☐ Private Residence | ☐ Homeless (living in shelter) | ☐ Other: _____ |

What are Client's goals in joining Clubhouse?

- | | | |
|--|---|--|
| ☐ Communication/Socializing | ☐ Health & Wellness | ☐ Benefits/Entitlements |
| ☐ Education | ☐ Referrals to other services, such as clinical treatment or legal | ☐ Housing |
| ☐ Employment | | ☐ Other: _____ |

Statement of Clubhouse Community Integration and Safety Assurance:

Our Clubhouses are member-led spaces where people come together for friendship, shared activities, and reliable support with employment, housing, and education assistance, all in one caring and safe environment.

As such, please confirm the following via the check box below:

To the best of my knowledge, the individual referred presently and actively seeks to be a part of such a community and would not jeopardize the safety of the Clubhouse community.

☐ Yes ☐ No



MH 770
7/1/2026

Clubhouse Preference:☐

La Casita
14659 Olive View Drive,
Sylmar, CA 91342

☐

Community of Care Clubhouse
510 S Vermont Avenue, First Floor, Los
Angeles, CA 90020

☐

A Place to Grow Clubhouse
12021 Wilmington Ave., Building 18, Los
Angeles, CA 90059

**Once referred to a clubhouse, the beneficiary automatically becomes a clubhouse member and has access to all other locations.*

Additional Referral Information (i.e special accommodations/accessibility needs etc)**If referring from a Contracted provider, please submit the following attachments with your referral:**☐

Most recent clinical
assessment/addendum

☐

Progress notes (last 3 clinical
notes)

☐

Problem List

☐

Needs Evaluation

☐

LOCUS

☐

Treatment Plan (if applicable)

☐

Diagnosis

☐

Other: _____

For general questions or consultation, please follow up with Clubhouse@dmh.lacounty.gov