MEMBERSHIP APPLICATION

Our Mission

Our mission is to empower adults experiencing mental illness to achieve their full potential by providing recovery-oriented programs and services in a safe and accepting environment.

Completed applications can be submitted via email to

memberapp@ourspaceinc.org, by mail, in person, or faxed to 414-383-9016.

About Our Space

Our Space provides person-centered, strength-based, recovery-oriented services to adults living with severe and persistent mental illness and/or substance abuse issues. Our services provide hope and promote personal growth and healing through one-on-one and peer-facilitated groups, occupational therapy, wellness, and skill-building activities. All programs are in response to the expressed needs of the individual and we encourage autonomy among the members we serve.

What will I gain from Our Space?

- Create and maintain a network of peers while interacting with others who have shared similar experiences
- Realize your hopes and dreams
- Learn skills through participation in educational groups
- Receive support through participation in recovery groups
- Enjoy enriching experiences through community outings and integration
- Gain leadership skills through member management opportunities and or prevocational work
- Be empowered•

Why should I attend and recommend people to Our Space?

- Our Space provides a safe and accepting environment
- Our Space provides social, recreational, wellness, and educational activities to promote recovery
- Members choose their degree of participation and involvement with programming and activities
- Members are encouraged to express their needs and opinions and help plan groups and activities
- Members have a voice
- Members of the Member Management Board help influence and set policies on important issues and concerns
- Members feel a sense of purpose and increased quality of life

Member Process

- Members must be independent.
- Complete an application.
- Tour our facility. Tours are offered Monday – Friday between 9 am and 2 pm. Please provide at least 24 hours advance notice. Call (414) 383-8921 to schedule a tour.

Our Space, Inc. - 1527 W. National Ave. - Milwaukee, WI 53204 - (414) 383-8921

Our Space Membership Application

Name: _____ Date of Birth: _____

Address: _____ Contact Number: _____

(Street, City, State, Zip)

Sex: _____ Gender Identity: _____ Preferred Pronoun:

_____

Ethnicity: ☐ White ☐ Black or African American ☐ Hispanic/Latinx ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Bi-racial ☐ Other_____

Veteran: ☐ Y ☐ N **Hearing Impaired** ☐ Y ☐ N **Vision Impaired** ☐ Y ☐ N

First Language: _____ Second Language: _____

Transportation ☐ Bus ☐ Car ☐Walking ☐ Cab/Uber ☐ Medical Transportation ☐ Other _____

Transportation Company Name: _____ Phone: _____

Emergency Contact Name: _____

Relationship: _____ Contact Number: _____

Referral Agency/Person: _____

Contact Number: _____ Email: _____

Address: _____

Mental Health Information

Are you currently working with a case worker?

- Yes
- No

Are you currently working with a therapist?

- Yes
- No

Are you currently working with a psychiatrist?

- Yes
- No

Please list their names and agencies, as well as how long you have been working with them

1. _____

_____

2. _____

_____

3. _____

_____

What is your primary diagnosis?

- Depression
- Bipolar Disorder
- Schizophrenia
- PTSD
- Personality Disorder
- Anxiety
- Alcohol/Substance Abuse
- Traumatic Brain Injury/Dementia
- Development/Cognitive Disability
- Autism Spectrum Disorder
- Co-occurring with substance Abuse
- Other _____

General Information

We understand that you may be sensitive about providing the following information. It is, however, essential to help us maintain the quality of programming. This information will be kept confidential and personal information and photographs will not be released without your formal written consent (see page 6).

Do you have any significant medical conditions (such as history of seizures, heart condition, diabetes, allergies to medications, etc.)? ☐ Y ☐ N If yes, please explain: _____

What are your hopes and goals:

__ Decrease feelings of depression
__ Manage stress/anxiety
__ Have a safe and comfortable place to be
__ Improve my physical fitness
__ Make more productive use of my time
__ Feel calmer and more peaceful
__ Ready myself for future employment
__ Connect with others
__ Manage my anger in a healthy way
__ Cope better with problems
__ Learn to stand up for myself
__ Improve my social skills/make friends
__ Have better control of my emotions
__ Feel better about myself
__ Improve my social relationships
__ Healthy boundary setting
__ Increase my knowledge in mental health symptoms and management
__ Create a personal crisis recovery plan
__ Improve my self esteem
__ Improve my overall quality of life
__ Other _____

Alcohol and Drugs:

Have you ever had a problem with drugs and/or alcohol? ☐ Yes ☐ No Do you smoke? ☐ Yes ☐ No
Are you currently using alcohol and/or non-prescription drugs? ☐ Yes ☐ No
If yes, are you interested in obtaining information about alcohol and/or drug treatment? ☐ Yes ☐ No

Mental Health:

Have you ever been hospitalized for mental illness? ☐ Yes ☐ No Last hospitalization? _____
Are you currently involved in a treatment program (day treatment, psychiatrist, psychologist, social worker, or community held groups)? ☐ Yes ☐ No

Housing:

Do you currently have permanent housing? ☐ Yes ☐ No
If yes, do you live in a: Group home ___ Apartment ___ House ___ Nursing Home ___ Family's home
___ Rooming House ___ Other: _____

Information Release and Disclosure

Please check all that apply.

Member's Name: _____ Date _____

- € I hereby authorize the following individual/s and/or organization/s _____,_____, and _____, to release, disclose and provide the information requested to Our Space Inc. or any person designated by them. It is my intention by this authorization to comply with Wisconsin statutes requiring my informed consent.

- € I give my permission to Our Space Inc. to use my photo and the likeness for external release including newsletters, invitations, mailings, video, or any other purpose deemed necessary.

- € I release Our Space Inc. from any liability that may occur while I choose to exercise in the Our Space gym. I am giving myself permission to exercise and use the exercise equipment without consulting my doctor.

Member's signature: _____

Completed applications can be submitted via email to memberapp@ourspaceinc.org, by mail, in person, or faxed to 414-383-9016. If you need assistance, please contact:
Activities Coordinator at 414-867-6235.