# GCO logo oval with website RGB

**GOC USE ONLY**

Date Recvd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appt: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appt. Kept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appt. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appt. Kept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Member Referral Form

|  |  |
| --- | --- |
| Member Information | |
| Date of Referral |  |
| Name |  |
| Street Address |  |
| City, State, Zip Code |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail Address |  |
| Best way to contact |  |
| Date of Birth |  |
| **Referral Source** | |
| Name |  |
| Title |  |
| Agency Name (if any) |  |
| Office Phone |  |
| Cell Phone |  |
| Email Address |  |
| Best Way to Contact |  |
| **In order to be considered for membership, all referrals are required to have a picture ID as well as a copy of their diagnosis signed by a doctor, therapist or nurse practitioner. Hospital discharge summaries, medication evaluations, psychiatric evaluations or letters on letterhead signed by one of the previously mentioned personnel are acceptable.**  It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.  Thank you for completing this registration form and for your interest in GOC membership.  Referrals are kept on file for 90 days. GOC will be contacting referrals within 14 days of receipt. | |

You can mail, email or fax this application to:

**Gainesville Opportunity Center**

**2772 NW 43rd St., Suite B-1**

**Gainesville, FL 32606**

**Phone (352) 224-5523 call for fax information**

**Email:** [**mail@goclubhouse.org**](mailto:mail@goclubhouse.org) **| Website:** [**www.goclubhouse.org**](http://www.goclubhouse.org)