

# MEMBERSHIP APPLICATION



## Our Mission

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

Our Space provides community living support services to adults to promote stabilization and recovery. Our programs offer occupational therapy, peer support, prevocational, educational, recreational, and psycho-socialization services. All programs are in response to the expressed needs of the individual and we encourage autonomy among the members we serve.

## **WHAT WE OFFER**

Membership is voluntary and you choose the degree of involvement that works best for you. Some benefits gained from membership are:

- Learn to improve socialization skills
- Create and maintain a network of peers
- Relax and enjoy healthy, affordable fun
- Learn skills through participation in educational groups
- Receive support through groups and one-on-one support
- Experience community integration
- Advocacy and empowerment through integrated services and community resources
- Peer Support

## **CCS Provider**

Our Space is a provider of Comprehensive Community Services (CCS). Professional staff work with the individual's case manager and Peer Support Specialists to offer person-centered recovery-oriented services.

# Our Space Membership Application

Please complete this form and send via email to Melissa Wisniewski [mwisniewski@ourspaceinc.org](mailto:mwisniewski@ourspaceinc.org) or Nora Hitchcock [nhitchcock@ourspaceinc.org](mailto:nhitchcock@ourspaceinc.org). Or fax to 414-383-9016.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street City State Zip

**Contact Number:** \_\_\_\_\_ **Veteran:** Y \_\_\_\_\_ N \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** M \_\_\_\_\_ F \_\_\_\_\_ **Gender/Identity:** M \_\_\_\_\_ F \_\_\_\_\_

**Ethnicity:**  White  African American  American Indian/Alaska Native  Asian  Hispanic/Latino  
 Native Hawaiian/Pacific Islander  Bi-racial  Other \_\_\_\_\_

**Mental Health Care Provider:** \_\_\_\_\_

Mental Health Care Provider Phone Number: \_\_\_\_\_

Mental Health Care Provider Address: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Referral Agency/Person:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CCS  CSP  TCM  Other \_\_\_\_\_

**Transportation:**  Bus  Van/Care Cab  Owner Car  Walk  Other

Transportation Company name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Forward ID#** \_\_\_\_\_

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

## Member Eligibility Reference

I give Our Space, Inc. permission to contact the below reference regarding eligibility for membership with Our Space.

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Name of Reference/Organization

Relationship

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Applicant's Signature

Date

Please note, by submitting this document with an electronic signature, you are agreeing that your electronic signature is the legal equivalent of your manual signature.

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**Must be completed by a mental health professional, such as a case manager, social worker, therapist, peer specialist or psychiatrist.**

What is this individual's Mental Illness Diagnosis?

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Our Space members are not supervised at all times, are voluntary, and are able to leave the facility at any time. Do you have any concerns or foresee any issues regarding this individual's participation in this type of program?

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Is there anything Our Space should be aware of regarding this individual's capacity to interact with others in a social setting, any behavioral concerns or triggers?

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Any additional information that would be helpful for the staff to know:

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**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Please note, by submitting this document with an electronic signature, you are agreeing that your electronic signature is the legal equivalent of your manual signature.

Thank you for your referral!

If you have any questions or additional comments, please contact us at (414) 383-8921 ext. 2.

Please complete this form and send via email to Melissa Wisniewski [mwisniewski@ourspaceinc.org](mailto:mwisniewski@ourspaceinc.org) or Nora Hitchcock [nhitchcock@ourspaceinc.org](mailto:nhitchcock@ourspaceinc.org). Or fax to 414-383-9016.