



Recovery Center Membership Application Form

Program Location: 792 Pre-Emption Rd. (County Rd. 6) Geneva, NY 14456

Ready to submit the completed Form?

Email: hdaeffler@LakeviewHS.org

Fax: 315.789.0555

Mail: 609 W. Washington St. Geneva, NY 14456

Questions? Call: 315.789.0550 ext. 2158 or 2128

Do not include clinical data/PHI

What Happens Next?

A team member will reach out to you to schedule a day and time to complete your enrollment and orientation, this is usually within a working week of receiving your application. At times, some applications may take longer to process if additional information or review is needed.

How would you like to get involved? (check all that apply)

- Joining in on community activities or events
- Engaging in fun or social activities with others
- Mental Health / Recovery Advocacy Activities
- Peer-led groups (In-person / Virtual)

Could you share a bit about yourself and let us know the best way to get in touch with you?

Are you at least 18 years old? Yes No, unfortunately, you'll need to be at least 18 to join us.

Do you identify as a person living with a mental health challenge? Yes No

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ Apt/Lot/Room : _____

Mailing Address (If Different): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Best day, time, and way to reach you? (check all that apply)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Morning
- Afternoon
- Home Phone
- Cell Phone
- Email

By signing this application, I agree with it being submitted to the Recovery Center and understand that individuals are encouraged to self-apply. If another person has helped me complete this form, I have included their contact information below. My signature allows Recovery Center staff to contact the person who helped me to request updated information regarding my application if they are unable to contact me.

Signature of Applicant: _____ Date: _____

Please do not include any clinical or protected health information (PHI) with this application. Recovery Center staff will gather additional information not included on this form during my screening and enrollment process.

Person Assisting: _____ Agency Affiliation: _____

Email: _____ Phone & Ext: _____

Office Use Only

Received: _____	Outreach Started: _____	Letter Sent: _____	Screening: _____	Orientation & Consents: _____
Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason: _____	Reviewed By: _____		Enrollment: _____	