



PROSPECT HOUSE

Guest Self-Referral Form

About Us

Prospect House provides Residential Crisis Support, which is a voluntary, short-term residential program for individuals who are experiencing a mental health crisis and/or are experiencing challenges in daily life that create risk for escalation of symptoms that cannot be managed in the individual's home and community environment without onsite supports. Prospect house is designed to assist potential guests in alleviating an emotional crisis that could lead to hospitalization or as a step-down option coming out of the hospital before returning home. Our house is equipped with a variety of proactive tools, both traditional and non-traditional, to help support and sustain each guest's well-being. The length of stay will be determined upon checking in, with the average stay being 5-7 days. Each guest will receive twenty-four-hour support from our program staff. Participation in the program is voluntary.

Admissions Criteria

Registration Guidelines

Prospect House provides Residential Crisis Support, which is a voluntary, short-term residential program for individuals who are experiencing a mental health crisis and/or are experiencing challenges in daily life that create risk for escalation of symptoms that cannot be managed in the individual's home and community environment without onsite supports.

1. Must be medically stable.
2. Has no imminent risk to the safety of themselves or others requiring a higher level of care.
3. Must live in New York State (any county).
4. Eighteen years of age or older.
5. Has the ability to self-preserve within 3 minutes.
6. Has the ability to navigate narrow stairs.
7. Has the ability to understand and sign/initial necessary registration documents (with appropriate interpreter if needed).
8. Must be willing to follow guest agreement upon entering the house.
9. Must be a voluntary registration.

Any guest meeting one or more of the following exclusionary guidelines may be denied registration at the Prospect House:

1. Requires a higher or different level of care (i.e., poses a threat to him/herself or others)
2. Is not medically stable.
3. Displays symptoms of active substance use demonstrated by physical dependence, aggressive behavior, and/or destructive behavior.
4. The individual appears to be under the influence of a substance or admits to being under the influence.
5. Is engaged in illegal activity.
6. Is a registered sex offender.
7. Has a history of fire setting and/or violent offenses.
8. Is under 18 years of age.
9. Is not willing or able to respect and follow the guest agreement during stay.
10. Is not willing to sign necessary registration documentation.
11. Does not agree to the referral.

Identifying Information

Legal Name: _____ Date of Birth: _____

Preferred Name: _____ Social Security #: _____

Pronouns: He/him/his She/her/hers They/them/theirs He/they
 She/they Other: _____ Decline to Specify

Gender Identity: Female Gender Fluid or Variant Intersex Male
 Non-Binary Decline to Specify Something else: _____

Referral Cell Phone: _____ Home Phone: _____

Referral's Address: _____

(Important – Please provide Prospect Staff with an avenue to contact the referred individual. If there is a concern, please have the individual contact Prospect Staff at (585) 919-2561 as soon as possible. Thank You.

Primary Language (language you speak or understand best):

English Spanish Sign Language Other: _____

Preferred Language to Receive Services In:

English Spanish Sign Language Other: _____

Race (circle all that apply):

Black or African American

East Asian or Asian American

Middle Eastern or Arab American

Native American or Alaskan Native

Native Hawaiian

Pacific Islander

South Asian or Indian American

White or Caucasian

Other: _____

Decline to Specify

Ethnicity – Are you Hispanic or Latinx? Yes No Decline to Specify

Self-Assessment

1. What is currently happening?

2. What is it that you want to see change?

3. What is it that you expect from Prospect House that will help you to make this change?

4. How many days do you think you will need to make this change?

Pre-Registration Information

1. Do you have a Mental Health/Substance Diagnoses, if so, can you describe:

2. Where do you live?
 - a. Will you be able to return there? Yes No Unsure

 - b. Do you have any housing-related concerns? Please describe.

 - c. Are all of the members of your household safe?

 - d. How long have you lived there?

Health Assessment

1. Do you have any medical conditions? Check all that apply.

- Allergies. Please specify: _____
 - Diabetes
 - Heart condition. Please specify: _____
 - Pregnant
 - Seizures or epilepsy
 - Other: _____
- _____

2. Are you medically stable, or are you struggling with any medical concerns?

- Medically stable
 - Struggling with a medical concern. Please explain: _____
- _____

3. Can you evacuate from a second-floor room within three minutes?

Yes No Unsure

4. Can you navigate a flight of stairs without assistance? Yes No Unsure

5. Do you use tobacco? Yes No Unsure

If yes, are you interested in a tobacco cessation program? Yes No Unsure

Safety/Risk Self-Assessment

Suicidality

1. Are you currently having any thoughts of harming or killing yourself?

Yes No Unsure

2. If yes, do you have a plan? Yes No Unsure

A. If yes, what is the plan?

B. Do you have access to this plan?

C. What would be your aim in completing suicide?

3. Are you spending a lot of time thinking about suicide? Yes No Unsure

4. Are you experiencing auditory and/or visual hallucinations commanding you to harm or kill yourself?

Yes No Unsure

If yes, please describe.

5. Do you have a history of suicidal thoughts or attempts? Yes No Unsure

If yes, please describe.

Homicidality

1. Are you currently having any thoughts of harming or killing anyone?

Yes No Unsure

A. If yes, what are the thoughts and who are the thoughts about?

B. If yes, do you have a plan? Yes No Unsure

- What is the plan?

- Do you have access to the plan?

C. What would be your aim in completing homicide?

2. Are you spending a lot of time thinking about completing homicide?

Yes No Unsure

3. Are you experiencing any auditory and/or visual hallucinations commanding you to harm/kill someone?

Yes No Unsure

A. If yes, please describe.

Violence/Aggression

1. Have you committed violent acts towards others? Yes No Unsure

A. If yes, what were the acts? When did they occur?

2. Do you have any weapons and/or other means in place to carry out any acts of violence?

Yes No Unsure

Information Verification

Aggression or destructive behavior is not necessarily exclusionary. An assessment of the behavior in the context of the crisis and symptoms is necessary in the completion of the admission assessment or risk assessment.

Additionally, please note: If an individual who has been admitted to the crisis residence uses substances during their stay, program staff are expected to discuss this with the individual to understand and assess for continued stay.

By signing this form, you are stating that you:

- Have read the admissions criteria for Prospect House,
- Ensure that, as a potential guest, you meet these requirements,
- Ensure that you do not meet any of the exclusionary requirements,
- Have verified the information to be true and accurate (paying particular attention to the requirements for permanent housing, voluntary referral and admission, medication self-administration, that as a potential guest you are not in danger to self or others, nor is a registered sex offender, and is medically stable).

_____	_____	_____
Print Name	Signature	Date

If you are a support system assisting an individual with a self-referral, please provide your contact information below:

Name: _____ Relationship: _____

Contact Information:

Thank You!