



# FolkTime

Dear Friends of FolkTime,

Thanks so much for your interest in Folktime and Safe Haven! Please read the following information about our program to find out how to become a member.

We serve the mental health community and all of our members are in treatment for mental illness. It is very important that our members be in treatment as we consider ourselves part of the process towards mental wellness.

We request that all members have:

- No current violent or suicidal tendencies
- A diagnosis, list of medications, and list of dietary concerns
- Phone numbers for a case worker and an emergency contact

A case worker, physician or other treatment provider should complete and return the attached referral form. You may send, fax, or scan referrals to our attention:

**FolkTime Referrals**  
**4837 NE Couch Street**  
**Portland, OR 97213**  
**FAX: 503-238-6428**  
[admin@folktime.org](mailto:admin@folktime.org)

We look forward to seeing you!

Sincerely,

FolkTime members and staff

Creating community for people  
facing the challenge of mental  
illness . . . Since 1986

## **Executive Director**

Thomas E. Brady

### **Mailing Address**

4837 NE Couch  
Portland, OR 97213

TEL: 503-238-6428

FAX: 503-238-3986

[www.folktime.org](http://www.folktime.org)

### **Couch Street Program**

4837 NE Couch  
Portland, OR

### **Safe Haven Program**

142 Molalla Ave  
Oregon City  
503-722-5237

## **Board of Directors**

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*Folk-Time, Inc. is a non-profit 501(c)3 organization.*

Your donation is tax deductible. Federal Tax ID # 93-1222522

YouTube video: <http://www.youtube.com/watch?v=ox3aYryPHhk>

**FolkTime Referral Form**

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Living Situation (check one): Independent \_\_\_ Group Home \_\_\_ With Family \_\_\_

Insurance (for statistical purposes): \_\_\_\_\_

Treatment Program/Agency & Therapist Names \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Current Behavior Patterns/Precautions? \_\_\_\_\_

\_\_\_\_\_

Physical Challenges/Diet Restrictions/Allergies: \_\_\_\_\_

**Caseworker/Mental Health Professional:** I understand that FolkTime is adjacent to a school and that both programs operate during the same hours. This person’s diagnosis and self-management skills are such that they are able to behave in a safe, non-threatening, non-violent, and appropriate manner around others. I also realize that persons with a history of violence, or active alcohol/drug abuse are not appropriate referrals to FolkTime. I am the mental health professional responsible for supervision of this person’s care.

X \_\_\_\_\_

**Caseworker/Mental Health Professional (sign and print)** Phone Date

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

If someone other than the case manager is the contact person for questions or info, please provide contact information:

Name Phone Relationship

I authorize the release of any relevant information to the FolkTime staff. I also agree to abide by the policies of FolkTime to insure that FolkTime is a safe place for all.

X \_\_\_\_\_

Member Name Date Witness

**Please return or fax completed form to: 4837 NE Couch St. Portland, OR 97213, FAX: (503) 238-3986  
Contact us at 503-238-6428 or email [admin@folktime.org](mailto:admin@folktime.org) for more information.**