



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

FolkTime

Northeast Portland Program

4837 NE Couch, Portland, OR

TEL: (503)238-6428

FAX: (503)238-3986

Oregon City Program

142 Molalla Ave, Oregon City

TEL: (503)722-5237

FAX: (503)722-2951

Sandy Program

38348 Pioneer Blvd, Sandy

TEL: (503) 668-5569

www.FolkTime.org

Dear Friends of FolkTime,

Thanks so much for your interest in FolkTime! 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 involved with mental health services. It is the intention of FolkTime's members that participation here be a part of recovery.

We request that all members have:

- The desire to participate in a positive and supportive community focused on recovery
- 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: 503-238-3986

admin@FolkTime.org

We look forward to seeing you!

Sincerely,

FolkTime members

FolkTime, Inc. is a non-profit 501(c)3 organization.
Your donation is tax deductible. Federal Tax ID # 93-1222522
YouTube video: <http://tiny.cc/folktime1>

FolkTime Referral Form (Please Print)

Member Name: _____ Date of Birth: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email Address: _____

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

Insurance (for statistical purposes): _____

Treatment Program/Agency & Therapist Names _____

Program Location Preference: <input type="checkbox"/> Northeast Portland <input type="checkbox"/> Oregon City <input type="checkbox"/> Sandy
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Emergency Contact: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____

Diagnosis: _____

Medications: _____

Other Important Information: _____

Physical Challenges/Diet Restrictions/Allergies: _____

Caseworker/Mental Health Professional: It is the intent of FolkTime members to sustain a positive and supportive community where activities, friendships and communications promote recovery.. We ask that you share this information with potential members so that they understand the program purpose and the focus on recovery and support. (Print & Sign below)

_____ **Print Name** _____ **Signature** _____ **Date** _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email 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 for more information.**