



Fairweather Training Lodge Referral Form

Fairweather Lodge

Phone: 814-870-5300 Ext 3116

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Admission Criteria

- Be an Erie County resident 18+ years old, have a diagnosed serious mental illness, and be interested in living a more independent life.
- Be homeless or facing imminent homelessness.
- Be able to care for daily needs and physically able to participate in activities in the home and in the community.
- Desire to learn skills to be able to live independently.
- Able to function reasonably well with psychotic symptoms, if present, and participate in group discussions as well as house responsibilities.
- Be able to manage prescribed medications. If assistance is required, must be willing to seek community-based services geared to medication monitoring.
- Applicants must maintain employment/income and responsibilities for paying rent and contributing for house groceries.
- Applicant must be referred to or receiving services from Psychiatric Rehabilitation Service (PRS)

Applicant Information

Name	
Current Address	
Phone Number	
Gender	
Date of Birth	
SSN	

Reason for Referral:

Referral Contact Information

Name	
Agency	
Phone Number	

What skills/goals are you interested in achieving while at FWL?

Additional Information

Able to work or any restrictions?	
Current involvement with the legal system?	
Source of income?	
History of homelessness?	
History of substance usage?	
Please list your current support system.	

Applicant Signature _____

Date _____