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## Lake Country Associates

515 Bridge St.  
Park Rapids, MN 56470  
(218) 366-9229

# Lake Country Cottage

## OVERVIEW

Lake Country Associates welcomes you to the Lake Country Cottage, where we offer people living with a serious and persistent mental illness a comfortable place of community. Participation is voluntary, but we encourage you to be active in group activities and get involved. We hope that you will find a sense of belonging, the opportunity to form relationships with others, and take vital steps towards improving/maintaining your mental health. Community members will build skills, develop a sense of purpose, and strive towards achieving their individual goals.

## GOALS

1. participate
2. become part of a community
3. build relationships
4. develop a sense of purpose
5. develop skills that will help improve mental health
6. strive towards achieving individual goals

## APPLICATION

To be eligible for membership, an applicant *must*:

- have a primary diagnosis of a serious mental illness
- be at least 18 years of age
- refrain from drug/alcohol abuse on the premises
- not pose a threat to self or others

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**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_

DOB/Age \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Occasionally, cottage members & staff will reach out to members for special events or if they haven't seen you in a while. I would like to be contacted in the following ways (please initial):

By staff:      Phone \_\_\_\_\_      Cell \_\_\_\_\_      Text \_\_\_\_\_      E-mail \_\_\_\_\_

By member:    Phone \_\_\_\_\_      Cell \_\_\_\_\_      Text \_\_\_\_\_      E-mail \_\_\_\_\_

**MEDICAL INFORMATION:**

Mental Health Diagnosis \_\_\_\_\_

Medical History (high blood pressure, diabetes, asthma, etc.) \_\_\_\_\_

\_\_\_\_\_

Allergies and Dietary Restrictions \_\_\_\_\_

\_\_\_\_\_

Medical Alerts (circle all that apply)      Chronic Physical Illness      Severe Allergic Reactions

Deaf/Hearing Impairment      Asthma      New Psychiatric Medication      Blind/Visual Impairment

Recent Surgery      Diabetes      Epilepsy/Seizure Disorder      Hypertension

Other \_\_\_\_\_

**MEDICATION INFORMATION:**

Please list any medications you are taking and their purpose (in case of emergency)

\_\_\_\_\_

\_\_\_\_\_

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**HOUSING INFORMATION:**

Residential Status: (circle one)

Private Residence – Independent Living

Private Residence – Dependent Living

Foster Care/Foster Home

Residential Care

Homeless/Shelter

Nursing Facility

Other \_\_\_\_\_

Housing Status: (circle one)

House

At risk of homelessness

Chronically Homeless

Homeless

**EMPLOYMENT INFORMATION:**

Are you currently employed? \_\_\_Yes \_\_\_No

If so, is it supportive employment (ex. Tin Ceiling/Salvage Depot)? \_\_\_Yes \_\_\_No

Are you satisfied with your position? \_\_\_Yes \_\_\_No

Are you satisfied with your hours? \_\_\_Yes \_\_\_No

Are you satisfied with your pay? \_\_\_Yes \_\_\_No

If you are currently unemployed, do you have any interest in going back to work? \_\_\_Yes \_\_\_No

**EMERGENCY CONTACTS:**

Primary Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

How can we best contact them? (circle one): Phone Cell Text E-mail

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**MEDICAL CONTACTS:**

Primary Care MD \_\_\_\_\_ Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

How can we best contact them? (circle one):    Phone    Cell    Text    E-mail

**WHAT TO DO IF SYMPTOMS OCCUR:**

What has helped you in the past when you're experiencing symptoms? (circle all that apply)

Normalize how I'm feeling

Giving me space

Music

Being with people

Reassure me

Phone a family/friend

Mindfulness

Journaling

Meditation

Taking a walk

Talking

Art

Bring me a glass of water

Be present with me

Believe that I can overcome it

Other \_\_\_\_\_

What does NOT help?

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**PERSONAL PROFILE:**

At the Lake Country Cottage, we encourage members to express their individuality through their personal strengths, talents and skills. Please share something about yourself so we can get to know you better.

What are your interests and hobbies?

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What are your strengths and skills?

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What are strengths and skills that you'd like to work on/build?

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What do you hope to gain by participating in the Lake Country Cottage?

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Is there anything else you would like us to know about you?

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**THANK YOU FOR TAKING TIME TO FILL OUT THIS FORM.  
WE HOPE TO SEE YOU VERY SOON.**

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Member Signature

Date

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