

Bob Ross LGBT Senior Center 65 Laguna Street San Francisco, CA 94102 phone 415.296.8995 fax 415.296.8008

www.openhousesf.org

MENTAL HEALTH
PROGRAM REFERRAL

Client Name:

Preferred Pronouns:

Age:

Contact Information:

Program Information:

Openhouse Mental Health is a no-cost, short-term program provided to clients by Licensed Clinical Social Workers or pre-licensed providers. Sessions are provided at Openhouse offices, or remotely via Zoom.

Individual work with clients is short-term therapy. Sessions are generally provided for 10 weeks/sessions. Please note that at this time the program is best suited for individuals with challenges and goals that can be effectively addressed in 10 weeks of therapy and is not best suited for individuals experiencing an acute state of crisis (though we certainly hope to be able to serve people experiencing mental health crises in the future).

Clinicians use person-centered, relational frameworks. Approach varies by clinician and the individual needs of the client. The program is grounded in a cultural humility framework that recognizes the unique biopsychosocial experiences of Openhouse clients as LGBTQ elders with intersecting identities.

Clinicians are trained in trauma-informed care, tailored to the needs and experiences of LGBTQ+ seniors and receive wrap-around support from the Community Support Services Team. Specific goals and objectives are identified by the client and treatment plans are co-created by the client and the clinician. The clinician attempts to provide a bridge to other internal and external mental health and social services as needed.

Please email all completed referral forms to Aiden Goodwin: agoodwin@openhousesf.org. Clinicians typically respond within 1-2 days of receiving a referral and will inform interested clients as to an anticipated start-date if there is a waitlist for services.

Stated reason for seeking support:

Stressors/challenges reported or observed by referent:

ELIGIBILITY

LGBTQ Resident of San Francisco/Bay Area

Age 55+ or Adult Living with a Disability

Not currently receiving ongoing psychotherapy

REFERRAL SOURCE

Name & Relationship:

Date Referred: