

# Membership Application

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Seattle, WA 98108  
206.501.3730  
206.501.3733 fax  
www.seattleclubhouse.org



NAME FIRST M.I. LAST DATE OF BIRTH

ADDRESS STREET APT.

CITY STATE ZIP

PHONE E-MAIL ADDRESS

**Gender**  Female  Male  Transgender Other: \_\_\_\_\_

**Preferred Pronouns**  She/Her  He/Him  They/Them Other: \_\_\_\_\_

### Ethnicity

African/African-American  White/Caucasian  Native Hawaiian/Pacific Islander  
 American Indian/Native American  Mixed-Race  Other: \_\_\_\_\_  
 Asian/Asian-American  Hispanic

**Refugee/Immigrant**  Yes  No **Primary Language:** \_\_\_\_\_

If the above is not English, are you English proficient?  Yes  No

### Marital Status

Married  Permanent Partner  Widow /Widower  
 Separated / Divorced  Single  Annulled

### Parental Status

Are you a parent?  Yes  No

### Military Status

Are you a veteran?  Yes  No Have you received an honorable discharge?  Yes  No

### Housing History

Do you have a history of homelessness?  Yes  No

If yes, were you homeless in the past 12 months?  Yes  No

### Current Housing Status

Independent  Boarding House/Group Home  Other: \_\_\_\_\_  
 Living with Family  Currently without Adequate Housing  Homeless

Is there anyone in your household under 18?  Yes  No

Are you related to another HERO House member?  Yes  No If yes, whom: \_\_\_\_\_

**How many household members are in your household?:** \_\_\_\_\_

**Approximate combined yearly income for all house members:** \_\_\_\_\_

Select any benefits programs you currently receive:  Medicaid  Medicare  SSI  SSDI  SNAP  Cash Assistance

Sources of Income: (Example: SSI, SSDI, GAU, GAX, Friends / Family, Wages, Etc.)

_____	\$ _____
SOURCE	AMOUNT
_____	\$ _____
SOURCE	AMOUNT
_____	\$ _____
SOURCE	AMOUNT

Social Security Number: \_\_\_\_\_

**Level of Education:**

- High School  Some College  Some Graduate Work
- High-School Diploma  Associate / Bachelor's Degree  Master's Degree / PhD

**Employment History**

Are you currently employed?  Yes  No  
If no, Have you worked within the last 12 months?  Yes  No Estimated number of years you have worked for pay: \_\_\_\_\_  
If no, Have you ever worked for pay?  Yes  No Estimated number of jobs you have worked for pay: \_\_\_\_\_  
If not currently employed, are you interested in finding employment  Yes  No

**Washington Department of Vocational Rehabilitation (DVR)**

Are you currently enrolled to receive DVR services?  Yes  No If yes, who is your DVR counselor?  
If no, are you currently on the DVR waiting list?  Yes  No \_\_\_\_\_

**Legal History** (Please answer all questions)

Have you ever been in jail/ prison?  Yes  No If yes, within the past 12 months?  Yes  No  
Have you ever been convicted of a misdemeanor?  Yes  No If yes, within the past 12 months?  Yes  No  
Have you ever any felony arrests / convictions?  Yes  No If yes, within the past 12 months?  Yes  No  
Have you ever physically injured another person?  Yes  No  
Do you have a history of violent behavior?  Yes  No  
Are you under department of corrections supervision?  Yes  No

Are you under court ordered mental health or substance use disorder treatment?  Yes  No (provide copy if claiming exemption from reporting)

If you answered "yes" to any of the above, indicate dates, behaviors, precipitants, legal actions and other pertinent details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Substance Abuse History** (Please answer all questions)

Do you have a history of alcohol / drug abuse?  Yes  No If yes, within the past 12 months?  Yes  No  
If yes, have you ever been treated for an alcohol / drug problem?  Yes  No  
Are you currently in treatment or in a support group?  Yes  No  
How long have you been clean and sober? \_\_\_\_\_ Years \_\_\_\_\_ Months



**Questionnaire and Surveys:** *Answers to these questions do not affect your acceptance to Clubhouse.*

Taking everything into consideration, during the past year how satisfied have you been with your...	Very Poor	Poor	Fair	Good	Very Good
...physical health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...household activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...social relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...family relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...leisure time activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...ability to function in daily life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...economic status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...living/housing situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...ability to get around physically without feeling dizzy or unsteady or falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...your vision in terms of ability to do work or hobbies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...overall sense of well-being?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...medication? (If not taking any, check here <input type="checkbox"/> and leave item blank.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...How would you rate your overall life satisfaction and contentment during the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate your agreement or disagreement with each of the following statement	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
My life has a clear sense of purpose...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am optimistic about my future...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My life is going well...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel good most of the time...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What I do in life is valuable and worthwhile...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can succeed if I put my mind to it...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am achieving most of my goals...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In most activities I do, I feel energized...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are people who appreciate me as a person...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a sense of belonging in my community...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE answer the following questions:			
How often do you feel that you lack companionship	<input type="checkbox"/> Hardly Ever	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often
How often do you feel left out?	<input type="checkbox"/> Hardly Ever	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often
How often do you feel isolated from others?	<input type="checkbox"/> Hardly Ever	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often