Seattle Clubhosue 711 6th Ave. N. Suite 101 Seattle, WA 98109 206.501.3730 (phone) 206.501.3733 (fax) www.seattleclubhouse.org



Membership Application

Please complete the following application, to get started with our membership process.

Prospective Member Information:

NAME:				DATE OF BIRTH: //
	FIRST	MI	LAST	
ADDRESS: _			APT/UNIT:	
CITY:		STATE:	_ ZIP:	
PHONE: ()	CELL: ()	EMAIL:

Hospitality Unit Use Only
Member info added to Outreach Log $\ \Box$
Member Birth date added to Birthday List \square
Member email added to Bloomerang/Gmail Account \square

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Gender							
☐ Male ☐ Female		☐ Transgender		☐ Other:			
Ethnicity:			_				
☐ African/Africa				ific Islander/Carib	bean/Haitian/Jan	naican	
	ian/Native Americ	an		panic/Latino			
☐ Asian/Asian-A				ddle Eastern			
☐ Japane ☐ Chinese				ite/Caucasian			
☐ Korean			□ Otr	ner:			
☐ Filipino							
Refugee/Immig	rant □ Yes □ No		Prima	ry Language (if no	ot English):		
Marital Status	_	□ D	and Dealers		NAC de l'AC de les		
☐ Single/Never☐ Married	Married		nent Partner ted/Divorced		Widow/Widower Annulled		
□ Marrieu			lea/Divorcea		Amuneu		
Military Statu	IS						
Are you a Vetera	an? □Yes □No	Did you	ı receive an honoı	rable discharge? [□ Yes □ No		
Current Hous	ing Information						
☐ Independent			ng House/Group H		Other		
\square Living with Fa	nmily		tly without Adequ	iate \square	Homeless		
		Housin	g				
Voorby House	hald Incomo. ¢		· Unknown □				
rearry nouse	hold Income: \$_ 1 Person	2-Person	Unknown ☐ 3-Person	4-Person	5-Person	6-Person	
☐ Very Low	<\$18,550	<\$21,200	<\$23,850	<\$26,450	<\$28,600	<\$30,700	
□ Low	\$18,551-30,900	\$21,201-35,300	\$23,851-39,700	\$26,451-44,100	\$28,601-47,650	\$30,701-51,200	
☐ Moderate	\$30,901-44,750	\$35,301-51,150	\$39,701-57,550	\$44,101-63,900	\$47,651-69,050	\$51,201-74,150	
☐ High	>\$44,750	>\$51,150	>\$57,550	>\$63,900	>\$69,050	>\$74,150	
	come (Example:	SSI, SSDI, GAU,		,, , ,	Etc.)		
Source:			Amount	•			
Source:			Amount: \$				
Source:			Amount	::\$			
	_						
Social Security	y Number: _			<u> </u>			
Level of Educ							
☐ Some High So			☐ Associate's Degree		☐ Some Graduate Work		
☐ High School Diploma/GED		☐ Bachelor's Degree		☐ Master's Degree/PhD			
☐ Some College	2						
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Employment History			
Are you currently employed? \square Yes \square N	lo	На	ave you ever worked for pay? Yes No
Estimated number of years worked for pay: _			_
Estimated number of jobs worked for pay:			_
Have you worked within the last 12 months?	□ Yes □	No	
If not currently employed, are you interested	in finding e	employme	ent □ Yes □ No
Washington Department of Vocational Reha	bilitation (I	DVR)	
Are you currently enrolled in receive DVR serv	vices? □ Ye	s 🗆 No	
If yes, who is your DVR counselor?			
If no, are you currently on the DVR waiting lis	t? □ Yes	□ No	
Legal History (Please answer all questi Have you ever:	ons)		
Been in jail/prison	\square Yes	□ No	
Been convicted of a misdemeanor?	\square Yes	\square No	
Any Felony Arrests/Convictions?	☐ Yes	□ No	
Physically Injured another person?	☐ Yes	□ No	
Do you have a history of violent behavior?	☐ Yes	□ No	
Are you under department of corrections sup	ervision?	☐ Yes	□ No
Are you under civil or criminal court ordered	mental hea	Ith or subs	ostance use disorder treatment? Yes No
If you answered "yes" to any of the above, indicat	e dates, beh	aviors, pred	ecipitants, legal actions and other pertinent details
Medical Information Allergies:			
Medical Conditions:			
Provider Contacts			
Primary Care Physician Name	Agenc	Y	Phone
Address Street			Apt.
City		State	Zip
Insurance Provider		Policy Nur	mber

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Mental Health Provider Nai	<i>me</i> Agency		Phone
Address Street			Apt.
City	Sta	ate	Zip
Insurance Provider	Ро	licy Number	
Psychiatric Hospitalizat	ions		
Have you been hospitalized	for psychiatric reasons? ☐ Yes	□ No	
Total Number of psychiatric	hospitalizations:		
Please provide a brief histor	y of psychiatric hospitalization		
Approximate date range	Hospital	Any precipitants or	triggers that led to hospitalizations
	ry (Please answer all quest	•	
	ohol/drug abuse? □ Yes □ N reated for an alcohol/drug prob		
	ent or in a support group? Ye		
	ean and sober?Years		
Tiow long have you been ele	.air and 300ci :icais		
What goals can Seattl	le Clubhouse help you ac	chieve as you join	the clubhouse:
Do you have a legal guard		□ No	
(Legal Guardian must fill out	t additional paperwork, and atte	end new member orier	ntation)
Legal Guardian Name: Last		First	M.I.
Address: Street		A	pt.
City	Sta	ato 7	ip

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Emergency Contact Information

Primary Contact

Name	Last	First	M.I.	
Address	Street		Apt.	
City		State	Zip	
Primary P	hone	Alternate Phone	Relationship	
Seconda	ary Contact			
Name	Last	First	M.I.	
Address	Street		Apt.	
City		State	Zip	
Primary P	hone	Alternate Phone	Relationship	
By signi	ng below, I attes	t that this information provided in t	his application is true	
Signature of Prospective Member			Date	
Signature of Seattle Clubhouse Representative			Date	
Signature of Legal Guardian (if applicable)			Date	