

Hospitality Unit Use Only

Member info added to Outreach Log

Member Birth date added to Birthday List

Member email added to Bloomerang/Gmail Account

This page is purposefully left blank.

Gender

- Male
- Female

Transgender

Other:

Ethnicity:

- African/African-American
- American Indian/Native American
- Asian/Asian-American
 - Japanese
 - Chinese
 - Korean
 - Filipino

- Pacific Islander/Caribbean/Haitian/Jamaican
- Hispanic/Latino
- Middle Eastern
- White/Caucasian
- Other: _____

Refugee/Immigrant Yes No

Primary Language (if not English): _____

Marital Status

- Single/Never Married
- Married
- Permanent Partner
- Separated/Divorced
- Widow/Widower
- Annulled

Military Status

Are you a Veteran? Yes No

Did you receive an honorable discharge? Yes No

Current Housing Information

- Independent
- Living with Family
- Boarding House/Group Home
- Currently without Adequate Housing
- Other _____
- Homeless

Yearly Household Income: \$ _____ or Unknown

	1 Person	2-Person	3-Person	4-Person	5-Person	6-Person
<input type="checkbox"/> Very Low	<\$18,550	<\$21,200	<\$23,850	<\$26,450	<\$28,600	<\$30,700
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> High	>\$44,750	>\$51,150	>\$57,550	>\$63,900	>\$69,050	>\$74,150

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

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Social Security Number: _____

Level of Education

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

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Mental Health Provider Name	Agency	Phone
Address Street		Apt.
City	State	Zip
Insurance Provider	Policy Number	

Psychiatric Hospitalizations

Have you been hospitalized for psychiatric reasons? Yes No

Total Number of psychiatric hospitalizations: _____

Please provide a brief history of **psychiatric hospitalizations** beginning with the first:

Approximate date range	Hospital	Any precipitants or triggers that led to hospitalizations

Substance Abuse History *(Please answer all questions)*

Do you have a history of alcohol/drug abuse? 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

What goals can Seattle Clubhouse help you achieve as you join the clubhouse:

Do you have a legal guardian? Yes No

(Legal Guardian must fill out additional paperwork, and attend new member orientation)

Legal Guardian Name:	Last	First	M.I.
Address:	Street		Apt.
City	State	Zip	

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Emergency Contact Information

Primary Contact

Name	Last	First	M.I.
Address	Street		Apt.
City		State	Zip
Primary Phone		Alternate Phone	Relationship

Secondary Contact

Name	Last	First	M.I.
Address	Street		Apt.
City		State	Zip
Primary Phone		Alternate Phone	Relationship

By signing below, I attest that this information provided in this application is true

Signature of Prospective Member	Date
Signature of Seattle Clubhouse Representative	Date
Signature of Legal Guardian (<i>if applicable</i>)	Date