

1265 S. Main St., Suite 101  
Seattle, WA 98144  
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 ☐  
Member Birth date added to Birthday List ☐  
Member email added to Bloomerang/Gmail Account ☐

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**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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## Employment History

Are you currently employed? ☐ Yes ☐ No

Have 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 employment ☐ Yes ☐ No

## Washington Department of Vocational Rehabilitation (DVR)

Are you currently enrolled in 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

Been convicted of a misdemeanor? ☐ Yes ☐ 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 supervision? ☐ Yes ☐ No

Are you under civil or criminal court ordered mental health or substance use disorder treatment? ☐ Yes ☐ No

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

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## Medical Information

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

## Provider Contacts

**Primary Care Physician Name**

**Agency**

**Phone**

**Address Street**

**Apt.**

**City**

**State**

**Zip**

**Insurance Provider**

**Policy Number**

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

### 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:

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**Do you have a legal guardian?** ☐ Yes ☐ No

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

<b>Legal Guardian Name:</b>	<b>Last</b>	<b>First</b>	<b>M.I.</b>
<b>Address: Street</b>		<b>Apt.</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	

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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

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