209 w. Main Street Approved: 🞏 Denied: 🞏

Centralia, WA 98531

360-623-1265 Ext. 2

**Membership Application**

**Welcome to the Phoenix Clubhouse**

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

Last Name First M.I. Date of Birth

Street Address Apt #

City State Zip

Phone Number Email Address

**Gender** □ Male □ Female □ Transgender □ 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 **English Proficient** □ Yes □ No

**Marital Status**

□ Married □ Permanent Partner □ Widow / Widower

□ Separated / Divorced □ Single □ Annulled

**Military Status**

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

**Current Housing Information**

□ 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 Phoenix Clubhouse member? □ Yes □ No If yes, whom:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Yearly Household Income** □ Unknown

**Number of Household Members**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below $18,550 | Below $21,200 | Below $23,850 | Below $26,450 | Below $28,600 | Below $30,700 |
| $18,551–30,900 | $21,201 – 35,300 | $23,851 – 39,700 | $26,451 – 44,100 | $28,601 – 47,650 | $30,701 – 51,200 |
| $30,901 – 44,750 | $35,301 – 51,150 | $39,701 – 57,550 | $44,101 – 63,900 | $47,651 – 69,050 | $51,201 – 74,150 |
| Above $44,750 | Above $51,150 | Above $57,550 | Above $63,900 | Above $69,050 | Above $74,150 |

1- person 2-person 3-person 4-person 5-person 6-person

□ Very Low

□ Low

□ Moderate

□ High

**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 Estimated number of years you have worked for pay: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Have you ever worked for pay? □ Yes □ No Estimated number of jobs you have 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 to receive DVR services? □ Yes □ No

If yes, who is your DVR counselor? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If no, are you currently on the DVR wait ing list? □ Yes □ No

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

Have you ever been in jail/ prison? □ Yes □ No

Have you ever been convicted of a misdemeanor? □ Yes □ No

Have you ever any felony arrests / convictions? □ Yes □ No

Have you ever physically injured another person? □ Yes □ No

Do you have a history of violent behavior? □ 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** (Examples: Allergies, Diabetes etc.)

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

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

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**PROVIDER CONTACTS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Primary Care Physician Agency Phone Number

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Street Address Apt #

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City State Zip

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Insurance Provider Policy Number

**If you are on Medicaid, please attach a copy of your current coupon.**

**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 hospitalization**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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 the Phoenix Club help you achieve as you join the clubhouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Is there any additional information of which you would like us to be aware?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Legal Guardian Last Name First M.I.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street Address Apt #

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City State Zip

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Primary Phone Alternate Phone Fax Number

**Emergency Contact Information**

**Primary Contact**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last Name First M.I.

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Street Address Apt #

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City State Zip

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Primary Phone Alternate Phone Fax Number

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

Relationship to applicant

**Secondary Contact**

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

Last Name First M.I.

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

Street Address Apt #

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City State Zip

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Primary Phone Alternate Phone

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

Relationship to applicant

I attest that this information provided in this application is true.

Signature of Prospective Member Date

Signature of Legal Guardian (if applicable) Date

Signature of Clubhouse Representative Date

Signature of Clubhouse Representative (if more than one) Date