



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

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

- 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.

Medical Information (Examples: Allergies, Diabetes etc.)

Allergies:

Medical Conditions:

PROVIDER CONTACTS

Primary Care Physician

Agency

Phone Number

Street Address

Apt #

City

State

Zip

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

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:

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

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 #
----------------	-------

City	State	Zip
------	-------	-----

Primary Phone	Alternate Phone	Fax Number
---------------	-----------------	------------

Emergency Contact Information

Primary Contact

Last Name	First	M.I.
-----------	-------	------

Street Address	Apt #
----------------	-------

City	State	Zip
------	-------	-----

Primary Phone	Alternate Phone	Fax Number
---------------	-----------------	------------

Relationship to applicant

Secondary Contact

Last Name	First	M.I.
-----------	-------	------

Street Address	Apt #
----------------	-------

City	State	Zip
------	-------	-----

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