Whatcom Clubhouse

1331 Meador Ave J106

Bellingham, WA 98229

360-224-6000

[www.whatcomclubhouse.org](http://www.whatcomclubhouse.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:

## 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 Housing
* Other
* Homeless

**Yearly Household Income:** $ or Unknown ☐

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 Person | 2-Person | 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 |

**Sources of Income** (Example: SSI, SSDI, General Assistance, 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

## 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

## Medical Information

Allergies: Medical Conditions:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provider Contacts** |  | | | |
| ***Primary Care Physician Name*** | Agency | | Phone | |
| Address Street |  | | Apt. | |
| City | State | | Zip | |
| Insurance Provider | Policy Number | |  | |
| ***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 event or triggers that led to hospitalizations** |
|  |  |  |
|  |  |  |
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**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 Whatcom Clubhouse help you achieve as you join the clubhouse?

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

Legal Guardian Name: Last First M.I.

Address: Street Apt.

City State Zip

# Emergency Contact Information

### Primary Contact

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Last | First | M.I. |
| Address | Street |  | Apt. |
| City |  | State | Zip |
| Primary Phone  **Secondary Contact** | | Alternate Phone | Relationship |
| 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 Whatcom Clubhouse Representative Date

Signature of Legal Guardian *(if applicable)* Date