

# Membership Application

12838 SE 40th Place  
 Bellevue, WA 98006  
 425.614.1282  
 425.614.1294 fax  
[www.bellevueclubhouse.org](http://www.bellevueclubhouse.org)



NAME FIRST M.I. LAST DATE OF BIRTH

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ADDRESS STREET APT.

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CITY STATE ZIP

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PHONE E-MAIL 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 HERO House 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"/> <b>Very Low</b>	Below \$18,550	Below \$21,200	Below \$23,850	Below \$26,450	Below \$28,600	Below \$30,700
<input type="checkbox"/> <b>Low</b>	\$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"/> <b>Moderate</b>	\$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"/> <b>High</b>	Above \$44,750	Above \$51,150	Above \$57,550	Above \$63,900	Above \$69,050	Above \$74,150

**Business Unit Use**

Member ID: \_\_\_\_\_ King County ID: \_\_\_\_\_ Tiering code: \_\_\_\_\_ Date of enrollment: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Circle one: MIDD CDS NKC Medicaid: Yes\_\_ No\_\_ Referred to CD on: \_\_\_\_\_

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

_____	\$ _____
SOURCE	AMOUNT
_____	\$ _____
SOURCE	AMOUNT
_____	\$ _____
SOURCE	AMOUNT

Social Security Number: \_\_\_\_\_

**Level of Education:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> High School         | <input type="checkbox"/> Some College                  | <input type="checkbox"/> Some Graduate Work    |
| <input type="checkbox"/> High-School Diploma | <input type="checkbox"/> Associate / Bachelor's Degree | <input type="checkbox"/> 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 waiting 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
- Are you under department of corrections supervision?  Yes  No
- Are you under court ordered mental health or substance use disorder treatment?  Yes  No (provide copy if claiming exemption from reporting)

*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

ADDRESS STREET APT.

CITY STATE ZIP

INSURANCE PROVIDER POLICY NUMBER

MENTAL HEALTH PROVIDER 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 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 Bellevue Clubhouse help you achieve as you join the clubhouse:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 orientat ion)

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LEGAL GUARDIAN NAME LAST FIRST M.I.

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ADDRESS STREET APT.

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CITY STATE ZIP

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PRIMARY PHONE ALTERNATE PHONE

### Emergency Contact Information

#### Primary Contact

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NAME LAST FIRST M.I.

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ADDRESS STREET APT.

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CITY STATE ZIP

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PRIMARY PHONE ALTERNATE PHONE

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RELATIONSHIP

#### Secondary Contact

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NAME LAST FIRST M.I.

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ADDRESS STREET APT.

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CITY STATE ZIP

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PRIMARY PHONE ALTERNATE PHONE

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RELATIONSHIP

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

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SIGNATURE OF PROSPECTIVE MEMBER DATE

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SIGNATURE OF BELLEVUECLUBHOUSE REPRESENTATIVE DATE

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SIGNATURE OF LEGAL GUARDIAN DATE