

Membership Application

12838 SE 40th Place
 Bellevue, WA 98006
 425.614.1282
 425.614.1294 fax
www.bellevueclubhouse.org



NAME	FIRST	M.I.	LAST	DATE OF BIRTH
ADDRESS	STREET			APT.
CITY	STATE			ZIP
PHONE	E-MAIL ADDRESS			

Gender Female Male Transgender Other: _____

Preferred Pronouns She/Her He/Him They/Them 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"/> 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:

- | | | |
|--|--|--|
| <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

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 NAME LAST FIRST M.I.

ADDRESS STREET APT.

CITY STATE ZIP

PRIMARY PHONE ALTERNATE PHONE

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

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

SIGNATURE OF PROSPECTIVE MEMBER DATE

SIGNATURE OF BELLEVUECLUBHOUSE REPRESENTATIVE DATE

SIGNATURE OF LEGAL GUARDIAN DATE