Mission Driven. People First.

COMHAR

SINCE 1975

APPLICATION FORM

The Clubhouse has control over its acceptance of new members. Membership is open to anyone with a history of mental illness unless that person poses a significant and current threat to the general safety of the clubhouse community. (International Center for Clubhouse Development, Standard # 2)

Name ____________________ Birth Date ____________ Phone ______________

Address (include zip) ____
(street) (city, state, & zip code)

SS# ____________________ Driver/ Non-Driver's License # ______________

BSU# (If applicable): ____

Emergency Contact Name ________________________ Phone ______________

Relationship ________________________

Current Living Arrangements:

Marital Status (Y): ______ Single ______ Married
______ Separated ______ Divorced ______ Widowed

Current Housing (Y): ______ House ______ Apt. ______ CRR
______ Boarding Home ______ Room
_______Other: ______________________________

Living with Whom? (Y): ______ Alone ______ Spouse/ Partner
______ Family ______ Friends ______ Other
# of People in the Household: __________

Personal Data:

Were you ever in the military? (Y): ______ Yes ______ No

Did you complete High School/ GED? (Y): ______ Yes ______ No

If not, what was your last grade completed?: ______

Did you attend a Trade School or Vocational School? (Y): ______ Yes ______ No

Did you receive a certificate? (Y): ______ Yes ______ No

If yes, what was the course of study: ________________________________

Did you attend college?: (Y): ______ Yes ______ No

How many years did you complete? ____________

What was your major?: ______________________

Did you graduate? (Y): ______ Yes ______ No

Year: ____________ Degree: ________________________________

Source of Income (Y): ______ DPA ______ SSI ______ SSDI

______ Job ______ VA ______ Other

Present Employer: __________________________ How long?: ____________________

Monthly Income: $____________________

Past Employers: **Name** **Dates of Employment**

1.) ________________________________ ________________________

2.) ________________________________ ________________________

3.) ________________________________ ________________________

Please indicate your areas of interest
for your Clubhouse experience (Y): ______ Education ______ Employment

Comments:____

____

To be completed by Psychiatrist/ Therapist:

Psychiatrist ____________________ Agency ________________ Phone _________________

Therapist ______________________ Agency ________________ Phone _________________

Case Manager __________________ Agency ________________ Phone _________________

MA#________________________________ Medicare # ________________________________

Other Medical Coverage ____

Diagnoses: ____

____

____

____

____

Psychiatric Medication(s): **Name** **Dosage/Frequency**

1.) ____ __________________

2.) ____ __________________

3.) ____ __________________

4.) ____ __________________

Does prospective member have any past or present substance or process (*e.g.* gambling, food) addiction(s): ______ Yes ______ No

If yes, please list: ____

Length of time in Recovery from addiction(s)____

Will the applicant be participating in any other programs/activities: ______ Yes ______ No

Program: ____________________________ Anticipated date of completion: _______________

Hospitalizations: **Hospital** **Year(s)** **Length of Time**

1.) ___________________________ ____________ __________________

2.) ___________________________ ____________ __________________

3.) ___________________________ ____________ __________________

4.) ___________________________ ____________ __________________

____ ______________________________

Psychiatrist/ Therapist Signature Date

Primary Doctor ____________________________________Phone # ________________________

Address: ____

Medical Conditions (*e.g.*, seizures, heart, blood pressure, allergies) _________________________

____

____

Have you ever been arrested? (Y): ______ Yes ______ No

If yes, please give details and specify dates, probation, parole: ____________________________

____

____

Comments and/or other significant information:____

____

____

____

Signature of Prospective Member ____

Referral Information

Person Referring Prospective Member____

Agency and Program Referring ____

Phone ______________________________Email____________________________________

Signature of Person Referring ____________________________ Date Referred____________

DO NOT WRITE BELOW THIS LINE (For Clubhouse Use Only)

Intake Date ____________________________________ Accepted (Y): Yes _____ No _____

Comments ____

____

Staff Signature:____________________________________ Date: ____________

Revised: *1/30/2023*