

Membership Application

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www.skagitclubhouse.org



SKAGIT Clubhouse

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 **Primary Language:** _____

If the above is not English, are you English proficient? ☐ Yes ☐ No

Marital Status

☐ Married ☐ Permanent Partner ☐ Widow /Widower
☐ Separated / Divorced ☐ Single ☐ Annulled

Parental Status

Are you a parent? ☐ Yes ☐ No

Military Status

Are you a veteran? ☐ Yes ☐ No Have you received an honorable discharge? ☐ Yes ☐ No

Housing History

Do you have a history of homelessness? ☐ Yes ☐ No

If yes, were you homeless in the past 12 months? ☐ Yes ☐ No

Current Housing Status

☐ 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: _____

How many household members are in your household?: _____

Approximate combined yearly income for all house members: _____

Select any benefits programs you currently receive: ☐ Medicaid ☐ Medicare ☐ SSI ☐ SSDI ☐ SNAP ☐ Cash Assistance

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

If no, Have you worked within the last 12 months? ☐ Yes ☐ No

Estimated number of years you have worked for pay: _____

If no, Have you ever worked for pay? ☐ Yes ☐ No

Estimated number of jobs you have worked for pay: _____

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

If yes, within the past 12 months? ☐ Yes ☐ No

Have you ever been convicted of a misdemeanor? ☐ Yes ☐ No

If yes, within the past 12 months? ☐ Yes ☐ No

Have you ever any felony arrests / convictions? ☐ Yes ☐ No

If yes, within the past 12 months? ☐ 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.

Substance Abuse History (Please answer all questions)

Do you have a history of alcohol / drug abuse? ☐ Yes ☐ No

If yes, within the past 12 months? ☐ 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

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What goals can Skagit Clubhouse help you achieve as you join the clubhouse:

☐ Community/Socialization ☐ Education ☐ Employment ☐ Health and Wellness ☐ Care management ☐ Housing

Other: _____

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 SKAGIT CLUBHOUSE REPRESENTATIVE	DATE
SIGNATURE OF LEGAL GUARDIAN	DATE

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Questionnaire and Surveys: *Answers to these questions do not affect your acceptance to Clubhouse.*

Taking everything into consideration, during the past year how satisfied have you been with your...	Very Poor	Poor	Fair	Good	Very Good
...physical health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...household activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...social relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...family relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...leisure time activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...ability to function in daily life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...economic status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...living/housing situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...ability to get around physically without feeling dizzy or unsteady or falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...your vision in terms of ability to do work or hobbies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...overall sense of well-being?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...medication? (If not taking any, check here <input type="checkbox"/> and leave item blank.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...How would you rate your overall life satisfaction and contentment during the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate your agreement or disagreement with each of the following statement	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
My life has a clear sense of purpose...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am optimistic about my future...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My life is going well...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel good most of the time...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What I do in life is valuable and worthwhile...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can succeed if I put my mind to it...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am achieving most of my goals...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In most activities I do, I feel energized...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are people who appreciate me as a person...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a sense of belonging in my community...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE answer the following questions:			
How often do you feel that you lack companionship	<input type="checkbox"/> Hardly Ever	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often
How often do you feel left out?	<input type="checkbox"/> Hardly Ever	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often
How often do you feel isolated from others?	<input type="checkbox"/> Hardly Ever	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often