

Membership Application

Thank you for your interest in the San Angelo Clubhouse! To be considered for membership, please take a tour of the Clubhouse and complete this application.

If you have any questions, please call us! (325) 617-7884, or email [sanangeloclubhouse@gmail.com](mailto:sanangeloclubhouse@gmail.com).

Application can be brought to us in person or emailed.

It All Starts Here!

San Angelo Clubhouse is dedicated to the recovery of people living with mental illness by providing opportunities for our members to live, work, and learn, while contributing their talents through a community of mutual support.

A working community is at the heart of our model. Working together, members regain confidence, make friends, learn new skills, and make progress towards achieving their employment and educational goals. This opportunity to be a part of a successful working team builds dignity and self-esteem.

To be eligible for membership, an applicant must:

* Be interested in attending the San Angelo Clubhouse, as membership is voluntary.
* Have a primary presenting problem associated with severe and persistent mental illness.
* Not pose a threat to the Clubhouse community
* Be at least 18 years of age.

San Angelo Clubhouse does not discriminate on the basis of race, color, religion, gender, age, national origin, veteran status, sexual orientation, or any other bases of discrimination prohibited by law.

“The Clubhouse has control over its acceptance of new members.”

Standard #2, International Standards for Clubhouse Programs, ICCD.

Tell Us About Yourself

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Gender: Male Female

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt # \_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( \_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ 2nd Phone: ( \_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you receive housing assistance from: MHMR HUD Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where Did You Hear About Clubhouse?

Referral

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: : ( \_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Type of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has this person known you? \_\_\_\_\_\_\_\_\_\_\_years \_\_\_\_\_\_\_\_\_\_months

Other (Check all that apply)   
   
 \_\_\_BHC \_\_\_Facebook \_\_\_NAMI \_\_\_ Radio \_\_\_TV \_\_\_Friend Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check if you have had a tour of San Angelo Clubhouse. Date of Tour: \_\_\_/\_\_\_\_/\_\_\_\_

Ple

What is your main goal in becoming a member of San Angelo Clubhouse?

Community Socialize/Friends Employment Education Wellness

Resources Benefits/Resources Other\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you interested in being a part of San Angelo Clubhouse ?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What challenges or barriers are keeping you from achieving your goals?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing Information

**Current Housing Type (choose one):**

|  |  |
| --- | --- |
| * Own Home/Apartment (non-subsidized) | * Subsidized Home/Apartment (HUD) |
| * Home of a Family Member | * Group Home |
| * Sober Living Home | * Respite |
| * Homeless | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Do you live alone? Yes No  
 If NO, with whom do you live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a history of homelessness? Yes No

If YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation Information

**How will you get to Clubhouse?**

Public Transportation Medical Transportation Personal Vehicle Bicycle   
  
Walking Other\_\_\_\_\_\_\_

Ethnicity

Black Hispanic/Mexican White Asian Native American Other\_\_\_\_\_\_\_

**Primary Language:** If other than English: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status:** Married Permanent Partner Separated Divorced

Widowed Single Never Married

**Children:** Do you have any children? Yes No If YES, how many? \_\_\_\_\_\_

**Veteran Status:** Are you a veteran? Yes No

Employment

Are you currently employed? Yes No

Have you ever worked for pay? Yes No

Have you worked in the last 12 months? Yes No

Are you currently looking for employment? Yes No

Education  
(Check all that apply)

|  |  |  |
| --- | --- | --- |
| * None | * Some High School | * GED |
| * High School Diploma | * Trade School | * Some College |
| * Associate Degree | * Bachelor’s Degree | * Some Graduate Work |
| * Master’s Degree | * Advanced Graduate Degree | |

Medical and Psychiatric

**Medical Alerts** (Check all that apply)

|  |  |
| --- | --- |
| * Chronic Physical Illness | * Severe Allergic Reactions |
| * Asthma | * New Psychiatric Medication |
| * Blind/Visual Impairment | * Deaf/Hearing Impairment |
| * Recent Surgery | * Diabetes |
| * Epilepsy/Seizure Disorder | * Hypertension |
| * Other: | |

Allergies

Please list any allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical & Psychiatric Supports

**Psychiatrist**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( \_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been seeing this psychiatrist? \_\_\_\_\_Years \_\_\_\_\_\_ Months

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Therapist:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( \_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been seeing this therapist? \_\_\_\_\_Years \_\_\_\_\_\_ Months

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Care MD:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( \_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been seeing this doctor? \_\_\_\_\_Years \_\_\_\_\_\_ Months

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last physical exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last dental exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts:**

**Primary:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( \_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( \_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Psychiatric Diagnosis**(Which one affects you the most?)

|  |  |  |
| --- | --- | --- |
| * Schizophrenia | * Schizoaffective | * Major Depressive  Disorder |
| * Bipolar | * PTSD | * Severe Anxiety |

* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tertiary Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other diagnosis we should know about?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Psychiatric Hospitalizations**

**Total number of Psychiatric Inpatient Hospitalizations in past 2 years: \_\_\_\_\_\_\_  
 Total number of nights in Psychiatric Hospital in past 2 years: \_\_\_\_\_\_**

Please list your first and most recent hospitalization, indicating name of hospital and dates:

|  |  |
| --- | --- |
| Hospital Name | Dates (approximate) |
| First: |  |
| Most Recent: |  |

**Substance Use History**

Do you currently smoke tobacco or use tobacco products? Yes No

Do you have a history of smoking or using tobacco products? Yes No

Do you have a history of alcohol or drug abuse? Please answer all questions. Your answers will not influence your application decision.

**Alcohol** Yes No

**Drugs** Yes No

Have you ever been in treatment for an alcohol or drug problem? Yes No  
   
 If yes, when and where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal History**(Please answer all questions)

|  |  |
| --- | --- |
| Have you ever been in jail? | Yes No |
| Have you ever been in prison? | Yes No |
| Have you ever been convicted of a misdemeanor? | Yes No |
| Have you ever been convicted of a felony? | Yes No |
| Have you ever physically injured another person? | Yes No |
| Do you have any history of violent behavior? | Yes No |

**Total number of Criminal Justice encounters in the past 2 years: \_\_\_\_\_**

Total number of times you’ve been on parole in past two years: \_\_\_\_\_\_\_  
 Total amount of parole time served in two years:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of times you’ve been on probation in past two years: \_\_\_\_\_\_\_  
 Total amount of probation time served in two years:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If any of the above questions were answered “YES,” please indicate dates, behaviors, precipitants, legal actions, etc:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures

It is very important that all parts of this application are complete. Any missing or incomplete entries will delay the application process. Please submit application with the following:

* Copy of ID
* Diagnosis from doctor, therapist or case manager

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Prospective Member Signature*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Referral Source Signature, if applicable*

**For Office Use Only:**Tour Date/Tour Guide:   
Day 1:   
Day 2:   
Day 3:  
Day 4:   
Day 5: Official Member Date: \_\_\_\_\_\_\_\_