Austin Clubhouse Member Application Form

www.austinclubhouse.org (512) 925-5877

Personal Information

How did you hear about Austin Clubhouse?		
First name:	MI:	Last name:
Date of birth:	Address:	
City:	State:	Zip code:
Phone:	Email:	
Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black ☐ White ☐ Hawaiian or other Pacific Islander ☐ Some other race ☐ Two or more races ☐ Not specified		
Gender: ☐ Male ☐ Other ☐ Female ☐ Not Specified	Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Not Specified	

Current Housing

Do you live: ☐ Independently ☐ With Family ☐ With Friends ☐ Group home ☐ Other: _____	
Do you live in a Foundation Communities property? ☐ Yes ☐ No If yes, which one?	
Do you have a legal guardian? ☐ Yes ☐ No	(If yes) Guardian name:
(If yes) Guardian email:	(If yes) Guardian phone :
County of Residence: ☐ Travis ☐ Williamson ☐ Other: _____	
DO YOU HAVE ANY GOALS RELATED TO HOUSING? If yes, please describe:	

Household Composition

What best describes your living situation:

☐ Are you someone's dependent? ☐ Is someone your dependent? ☐ Do you live alone?

☐ Do you live with a spouse? ☐ Other:_____

Austin Clubhouse Member Application Form

www.austinclubhouse.org (512) 925-5877

Employment & Income

Are you currently employed? ☐ Yes ☐ No	If yes, where and for how long?
What is your monthly income from employment? $_____	What is your monthly income from other sources? $_____
DO YOU HAVE ANY GOALS RELATED TO EMPLOYMENT? If yes, please describe:	

Benefits

Are you a veteran? ☐ Yes ☐ No	If so, how long were you in the military?
Do you receive any benefits? ☐ Section 8/Rent Assist. ☐ SSDI ☐ SSI ☐ Food Stamps ☐ Other: _____	If not, have you applied?
Do you have health insurance? ☐ Medicare ☐ Medicaid ☐ MAP ☐ VA ☐ Private ☐ Other:_____	
Are you a client of ATCIC? ☐ Yes ☐ No	If yes, ATCIC Case Worker's Phone #:_____ Name:_____ May we contact? ☐ Yes ☐ No
DO YOU HAVE ANY GOALS RELATED TO BENEFITS? If yes, please describe:	

Transportation

What is your current main source of transportation? ☐

☐ Car ☐ Bus ☐ MetroAccess ☐ Walking ☐ Family/Friend ☐ Other:_____

Education

Education level achieved ☐ ☐ ☐

☐ Some high school ☐ GED ☐ High school ☐ College ☐ Graduate school

☐ Technical school ☐ Other:_____

DO YOU HAVE ANY GOALS RELATED TO EDUCATION? If yes, please describe:

Austin Clubhouse Member Application Form

www.austinclubhouse.org (512) 925-5877

Medical Alerts and Care Team Contact Information

Are there any allergies (general, food, medical, etc.) Austin Clubhouse should be aware of?	
Psychiatrist:	**Phone:**
Therapist:	**Phone:**
Case worker:	**Phone:**
Primary doctor:	**Phone:**

Emergency contacts

Contact #1:	**Contact #2:**
Relationship:	**Relationship:**
Phone:	**Phone:**

(Initial)
Applicant signature: _____ **Date:** _____

(Recertification)
Member signature: _____ **Date:** _____

IDENTIFY VERIFICATION	ADDRESS VERIFICATION
Must have matching address	***Only required if ID does not have matching address***
☐ Government Issued ID	☐ Employee, Military, or Student ID w/address
☐ Passport	☐ Voter Registration Card
☐ Birth Certificate	☐ Auto Registration
☐ Public Assistance/Social Service Records	☐ Lease Agreement
☐ Other:_____	☐ Utility Bill
DATE VERIFIED:	☐ Statement from Landlord/Social Service Agency
	☐ Other:_____
	DATE VERIFIED:

Austin Clubhouse Member Application Form

www.austinclubhouse.org (512) 925-5877

Referral Form

Please have this form filled out by someone involved your personal wellness and recovery plan who is familiar with your diagnosis and medical history (i.e. doctor, case worker, therapist, etc.)

Name of Prospective Member:	
Name of referring doctor/case worker/therapist/etc.	**Phone:**
How Long Has This Individual Been Under Your Care?	**Email:**

Psychiatric History

Diagnosis:
Psychiatric Medications: **Other Medications:**
History of Aggressive Behavior:
History of Self-Harm/Harm to Others:
History of previous hospitalizations within last 2 years (number, precipitating events, etc.):

Name (please print):_____

Signature: _____ Date: _____