

Membership Application

2205 Palm Avenue, San Mateo CA 94403 650-539-3345 californiaclubhouse.org

Welcome to California Clubhouse!

To apply for membership to California Clubhouse, potential applicants need to have one of the following four diagnoses: schizophrenia, schizoaffective disorder, bipolar disorder and major depressive disorder.

Please complete the following application, to begin our membership process.

Prospective Member Information

Name:		_ Today's Date:
First	MI Last	
Date of Birth://		
Address:		
City:	State: Zin:	County:
Phone: Cell:	E-mail:	
How can we best contact you? (circ	ele one): Phone Cell	Text E-mail
How did you been about yel		
How did you hear about us?:		

Demographic InformationWe gather demographic information for statistical and funding purposes only. All information will be kept confidential. No information will be released without your consent.

Please indicate your current gender			
MaleFemaleTransgender			
Other (e.g. intersex):			
Please indicate your assigned gender at birth			
Male Female			
Sexual Orientation (Optional)			
Straight/Heterosexual Gay/Lesbian/Homosexual Bisexual			
Other (e.g. queer, asexual):			
Ethnicity (Check all that apply)			
African-American Caucasian Native American/Alaskan Native			
Pacific Islander Asian/Chinese/Japanese/ Korean/ Vietnamese/Filipino			
Latino/Hispanic/Cuban/Mexican/Puerto Rican/Central American/South American			
Middle Eastern Caribbean/Haitian/Jamaican			
Other (Please Specify):			
Primary Language (if other than English)			
Marital Status			
Married Permanent Partner Widowed			
Separated/Divorced Single, Never Married Annulled			
Veteran Status			
Are you a veteran?YN Did you receive an honorable discharge?YN			
Current Housing Information			
IndependentWith FamilyWith FriendsGroup HomeOther			
Homeless Shelter			
Are you satisfied with your housing? Yes No			
If "No" please explain:			

Total Monthly Income

We gather financial information for statistical and funding purposes. This information will also help us support you if you have monetary issues. All information will be kept confidential. No information will be released without your consent. Place a check on all sources of income: SSI SSDI Family Other (please specify): Total Net Monthly Income: Education Please check highest level of education High School ____Some College ____AA Degree MA Degree Post Graduate Doctoral Degree No Yes No BA/BS Degree Are you interested in going back to school? Employment History Are you currently employed? Yes
Yes Have you worked for pay? Yes Have you volunteered? Have you worked in the last 12 months? Yes Estimated TOTAL YEARS you have worked for pay: Estimated TOTAL NUMBER of JOBS worked for pay: Are you interested in going back to work if you are currently unemployed? Are you currently receiving vocational rehabilitation services? If Yes, where do you receive these services? Are you interested in receiving vocational rehabilitation services? ___ Yes ___ No **Legal History** (Please answer all questions) Clubhouse International Standard #2: 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. Please note that you may still be eligible for membership even if you have had a previous criminal record. Have you ever been in jail/prison? Have you ever been convicted of a misdemeanor? Have you had any arrests for felonies? Do you have any history of violent behavior? If you answered "Yes" to any of the above questions, indicate dates, behaviors, precipitates, legal action; etc. What steps have you taken for rehabilitation?

History of Substance Use	1:1 111:0		
How many alcoholic drinks do you			
None 1-2 3-6		more	
Has your alcohol consumption sign	ficantly interfered with your l		2.7
		Yes	No
Do you use any prescription medica	tion outside medical reasons?		2.7
**		Yes	No
Have you sought medical care to obtain	prescription drugs for recreation		N
D		Yes Yes	No
Do you use any illicit drugs? If you answered "yes" to any of the affected?	se questions, please write dow		your life you feel it has
Medical Information We gather medical information for emerge No information will be released without you Mental Health Diagnosis (check all	ur consent.	es. All information	will be kept confidential.
Schizophrenia	Schizoaffective	Disorder	
Bipolar Disorder	Major Depressiv		
r	= 5,700		
Medical History Please provide medical conditions t disease, etc.):	hat you have (ex. high blood p	oressure, diabete	s, asthma, Crohn's
Allergies and Dietary Restrictions: California Clubhouse strives to provide lunch to dietary preferences, you are welcome to bring y		ve any allergies to cer	tain foods or have special
Please note: California Clubhouse (e.g. exercise). As a member, you as regards to your level of involvemen	re responsible for checking-in		
Emergency Contact Information			
Emergency Contact Person:			
Emergency Contact Person:	Phone No :		
relationship to Member.	1 HOHE NO		<u> </u>
Primary Care MD:Phone:			
Address:City:			
City:	State: Zip:		

Alternative Health Practitioner:				
Phone:	Agency:			
Address:City:	Ct. 4	7.		
City:	State:	Zıp:		
	ervention to reduce psychia		ss. We gather psychiatric information for information will be released without your	
Have you ever been hospitalize Total number of Psychiatric Ho			No	
At what age did you experience When was the last time you we				
Do you participate in Mental He If yes, please list:	, ,		No	
Please place a check on what has h would you like us to do when you		nen you're experi	encing symptoms. Place a 9 on what	
Sit and be present with me	Normalize how I'm fe	eeling _	Music	
MeditationMindf	iulness Art	_	Journaling	
Taking a walk Talki	ng Givir	ng me space	"Being" with people	
Reassure me Allow me to be me Believe that I can overcome it				
Bring me a glass of water	Let m	ne call family/frie	end	
Other:				
What does NOT help:				
Talking down to me	Trying to fix me	Say things like	e "Snap out of it"	
Compare me to others	Put pressure on me	Tell me not to	feel what I'm feeling	
Other:				
Ouici.				

<u>Personal Profile</u>
At the Clubhouse, we encourage members to foster their individual strengths, talents and skills. Please share something about yourself so we can get to know you better. What are your interests and hobbies?

What are your strengths and skills? What are strengths and skills that you'd like to build?					
What do you hope to gain by joining California Clubhou					
Is there anything else you would like us to know about you?					
How often do you think you will come to the Clubhouse? The Clubhouse Model is a proven form of rehabilitation and its effectiveness increases the more you attend.					
Once a week Two to three times a week	Four to five times a week				
What programs are you interested in? (Check all that app Work-Ordered Day (our day-to-day activity to increase self-con					
Employment Educational Social a	and Recreational Wellness				
Prospective Member Signature	Date				
Name & Title of Person Accepting Application	Date				