



**Demographic Information**

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

*Gender Identity* (Place a check on your response)

Please indicate your current gender

Male  Female  Transgender

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?  Y  N Did you receive an honorable discharge?  Y  N

*Current Housing Information*

Independent  With Family  With Friends  Group Home  Other

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     Technical School     Some College     AA Degree  
 BA/BS Degree     MA Degree     Post Graduate     Doctoral Degree  
Are you interested in going back to school?     Yes     No

*Employment History*

Are you currently employed?     Yes     No  
Have you worked for pay?     Yes     No  
Have you volunteered?     Yes     No  
Have you worked in the last 12 months?     Yes     No  
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?  
 Yes     No

Are you currently receiving vocational rehabilitation services?  
 Yes     No

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?     Yes     No  
Have you ever been convicted of a misdemeanor?     Yes     No  
Have you had any arrests for felonies?     Yes     No  
Do you have any history of violent behavior?     Yes     No

*If you answered "Yes" to any of the above questions, indicate dates, behaviors, precipitates, legal action; etc. What steps have you taken for rehabilitation?*

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



Alternative Health Practitioner: \_\_\_\_\_  
Phone: \_\_\_\_\_ Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Psychiatric Hospitalizations**

The Clubhouse Model is a proven intervention to reduce psychiatric hospitalizations. We gather psychiatric information for statistical and funding purposes only. All information will be kept confidential. No information will be released without your consent.

Have you ever been hospitalized for psychiatric reasons?  Yes  No  
Total number of Psychiatric Hospitalizations: \_\_\_\_\_

At what age did you experience your first psychiatric hospitalization? \_\_\_\_\_  
When was the last time you were hospitalized due to psychiatric reasons? For how long?  
\_\_\_\_\_

Do you participate in Mental Health Recovery Programs:  Yes  No  
If yes, please list:  
\_\_\_\_\_  
\_\_\_\_\_

Please place a check on what has helped you in the past when you're experiencing symptoms. Place a 9 on what would you like us to do when you experience symptoms.

- Sit and be present with me  Normalize how I'm feeling  Music
- Meditation  Mindfulness  Art  Journaling
- Taking a walk  Talking  Giving 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 me call family/friend
- Other: \_\_\_\_\_

What does NOT help:

- Talking down to me  Trying to fix me  Say things like "Snap out of it"
- Compare me to others  Put pressure on me  Tell me not to feel what I'm feeling
- Other: \_\_\_\_\_

**Personal Profile**

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?

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What are your strengths and skills? What are strengths and skills that you'd like to build?

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What do you hope to gain by joining California Clubhouse?

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Is there anything else you would like us to know about you?

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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 apply)

Work-Ordered Day (our day-to-day activity to increase self-confidence and build relationships for recovery)

Employment       Educational       Social and Recreational       Wellness

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Prospective Member Signature

Date

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Name & Title of Person Accepting Application

Date