

Membership Application

12838 SE 40th Place
 Bellevue, WA 98006
 425.614.1282
 425.614.1294 fax
www.herohouse.org



NAME FIRST M.I. LAST DATE OF BIRTH

ADDRESS STREET APT.

CITY STATE ZIP

PHONE E-MAIL ADDRESS

Gender Male Female Transgender 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 **English Proficient** Yes No

Marital Status

Married Permanent Partner Widow /Widower
 Separated / Divorced Single Annulled

Military Status

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

Current Housing Information

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: _____

Yearly Household Income: Unknown

Number of Household Members

	1-person	2-person	3-person	4-person	5-person	6-person
<input type="checkbox"/> Very Low	Below \$18,550	Below \$21,200	Below \$23,850	Below \$26,450	Below \$28,600	Below \$30,700
<input type="checkbox"/> Low	\$18,551 – 30,900	\$21,201 – 35,300	\$23,851 – 39,700	\$26,451 – 44,100	\$28,601 – 47,650	\$30,701 – 51,200
<input type="checkbox"/> Moderate	\$30,901 – 44,750	\$35,301 – 51,150	\$39,701 – 57,550	\$44,101 – 63,900	\$47,651 – 69,050	\$51,201 – 74,150
<input type="checkbox"/> High	Above \$44,750	Above \$51,150	Above \$57,550	Above \$63,900	Above \$69,050	Above \$74,150

Business Unit Use

Member ID: _____ King County ID: _____ Tearing code: _____ Date of enrollment: _____
 Agency: _____ Circle one: MIDD CDS NKC Referred to Career Development on: _____

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 Estimated number of *years* you have worked for pay: _____
- Have you ever worked for pay? Yes No Estimated number of *jobs* you have worked for pay: _____
- Have you worked within the last 12 months? Yes No
- 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
- Have you ever been convicted of a misdemeanor? Yes No
- Have you ever any felony arrests / convictions? Yes No
- Have you ever physically injured another person? Yes No
- Do you have a history of violent behavior? Yes No

If you answered "yes" to any of the above, indicate dates, behaviors, precipitants, legal actions and other pertinent details.

Medical Information (Examples: Allergies, Diabetes etc.)

Allergies: _____

Medical Conditions: _____

Provider Contacts

PRIMARY CARE PHYSICIAN _____ AGENCY _____ PHONE _____

ADDRESS STREET _____ APT. _____

CITY _____ STATE _____ ZIP _____

INSURANCE PROVIDER _____ POLICY NUMBER _____

MENTAL HEALTH PROVIDER _____ AGENCY _____ PHONE _____

ADDRESS STREET _____ APT. _____

CITY _____ STATE _____ ZIP _____

INSURANCE PROVIDER _____ POLICY NUMBER _____

Psychiatric Hospitalizations

Have you been hospitalized for psychiatric reasons? Yes No

Total number of psychiatric hospitalizations: _____

Please provide a brief history of psychiatric hospitalizations beginning with the first:

Approximate date range	Hospital	Any precipitants or triggers that led to hospitalization

Substance Abuse History (Please answer all questions)

Do you have a history of alcohol / drug abuse? 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

What goals can HERO House help you achieve as you join the clubhouse:

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 orientat ion)

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 HERO HOUSE REPRESENTATIVE DATE

SIGNATURE OF LEGAL GUARDIAN DATE