



PO Box 864301
Plano, TX 75086

PRELUDE CLUBHOUSE MEMBERSHIP APPLICATION
(Please carefully read and print all answers. All blank spaces must be filled.)

Personal Information:

Today's Date: _____ Date of Birth: _____ Current Age: _____
First Name: _____ Middle Name: _____ Last Name: _____
Preferred Name: _____ State ID #: _____ State of Issuance: _____

1. Referring Agency: _____ (select type):

- Self, Family, Friends Private Practitioner (Psychiatrist/MD) Community Mental Health Center
 Green Oaks/Local Hospital Another Clubhouse State Social Services County Social Services
 Voc Rehab/DARS Homeless Shelter Mental Health Court Other: _____
-

Applicant's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Primary phone: (____) _____ Alternate phone: (____) _____

3. Housing Type:

- Own Home/Apartment (Non-subsidized) Home of a family member (shared responsibility)
 Home of a friend Home of a family member (dependent on family) Temporary Housing
 Supported apartment Supervised housing Group home Nursing Home
 Assisted Living Facility Prison/Jail Homeless Other (please specify): _____

4. Housing Status:

- Alone With Roommate(s)/Housemate(s) With Parent(s) With Other Adult Relative(s)
 With minor children With Partner With Partner and Child(ren) Institutional setting

5. Housing Satisfaction: Very Satisfied Somewhat Satisfied Neutral Somewhat Unsatisfied Very Unsatisfied

6. Social Interaction:

- Do you have a close friend you can talk to? Yes No
- Do you have frequent conflicts with friends (more than once per month)? Yes No
- Are you satisfied with your family relationships? Yes No
- Do you have conflicts with your family members (more than once per month)? Yes No
- Do you feel isolated? Yes No
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1. **Gender Identity:** Male Female Other (please specify): _____

2. **Ethnicity:** African American Latino/Hispanic Asian White Prefer not to say/Other

3. **Language:** English Other (please specify): _____

4. **Marital Status:** Single/Never Married Widowed Divorced Separated Married

5. **Number of Minor Children:** _____

6. **Primary Weekday Activity:** Independent Employment Clubhouse Work Parenting/Caretaking at Home
 Other Volunteer Work School/High School School/Trade School/College Sheltered Workshop
 Day Program Outside of the Clubhouse Transitional Employment No Structured Daytime Activity

7. **Primary Reasons for wanting to attend Prelude Clubhouse:** _____

8. **Education Level:** Less than High School GED High School Diploma Trade School/Vo-Tec
 Some College Associate's Degree Bachelor's Degree Some Graduate Work
 Master's Degree Advanced Graduate Work/Degree: _____

9. **Do you have outstanding student loans?** _____

10. **Are you interested in continuing your formal education?** _____

1. Current Employment:

- Full Time (32 hours per week or more)
- Part Time (Less than 32 hours per week)
- Day Labor (Selected to work each day at employment agency)
- Contract Labor (Selected to work on jobs or projects for a limited period of time)
- No job at this time and I am looking for employment
- No job at this time and I am not looking

2. **Job held the longest:** _____

3. Income Source(s) – Type of Income:

- Wages - Independent Employment Wages – Transitional Employment Wages – Supported employment
 Wages – Sheltered Workshop AFDC Veteran’s Benefits Local Assistance (County/State)
 Retirement Benefits SSDI SSI Family’s Support Friend’s Support
 General Assistance (State) No Financial Support Other (please specify): _____

4. Total Amount of Monthly Income: _____

5. What type of work would you like to do? _____

Medical Alerts – Check all that apply:

- Chronic Physical Illness Severe Allergic Reactions Recent Surgery
 Deaf/Hearing Impairment Blind/Vision Impairment Epilepsy/Seizures
 Sleep Apnea Asthma Diabetes Hypertension
 Other Physical Disability: (please specify) _____
-

1. Emergency Contact Information:

Name: _____
Relationship to Applicant: _____
Telephone: _____

2. Treatment Provider:

Name: _____
Agency: _____
Address: _____
Telephone: _____
Release? (Y/N): _____

1. Have you ever been convicted of a crime? Misdemeanor Felony

Please explain: _____

3. Do you have a history of violent behavior toward others? Yes No

Please explain: _____

1. Medical Insurance Policy(s): Check all types that apply.

- Medicaid Medicare Medicare-Managed Care Veteran’s Benefits
 Private Insurance NTBHA LifePath Worker’s Compensation Self-pay (no insurance)
 Other (please specify): _____

2. Last Medical Exam: MM/DD/YYYY _____/_____/_____

3. Last Dental Exam: MM/DD/YYYY _____/_____/_____

4. Nutrition: Number of meals per day _____ Special dietary needs: _____

5. Exercise: 30 min/day 30 min/week 30 min 3 times/week I do not exercise

6. Do you currently take prescribed medications or over the counter medications, Yes No

Natural remedies or vitamins and minerals? Yes No

Other (please specify): _____

7. Are you taking your medications as prescribed? Yes No

8. Are you currently pregnant? Yes No

9. Psychiatric History:

Total Number of Hospital Admissions: _____

Estimate Total Months of ALL Hospitalizations: _____

Length (months) of LONGEST Hospitalization: _____

Transportation Issues:

Can you provide your own transportation to and from Prelude Clubhouse? Yes No

Will you need to use public transit to get to Prelude Clubhouse and back home? Yes No

Will you need to ride with other members to get to the Clubhouse and back home? Yes No

Will transportation be a problem if you secure Transitional Employment beyond walking distance of the Clubhouse? Yes No

To the best of my knowledge, the above information is complete and accurate.

Signature of Applicant: _____ Date: _____

The mission of Prelude Clubhouse is to provide an intentional environment where adults living with mental illness have opportunities to be productive, develop social connections, obtain employment, and achieve recovery. While we strive to support and assist each member in attaining their personal goals, we cannot predict or guarantee outcomes for individuals.

(Pages 5 and 6 must be filled out by a treatment provider)



PO Box 864301
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972.424.2990

PAGES 5 & 6 TO BE FILLED OUT BY A TREATMENT PROVIDER

I understand that my records are protected under Federal Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

I, _____ authorize _____, my treatment provider, to fill out this Assessment so that I may be considered for Membership at Prelude Clubhouse.

Prospective Member's Printed Name _____ Date _____

Prospective Member's Signature _____

Date of Birth _____

Dear Treatment Provider:

Per Clubhouse International Standards, in order to apply for Clubhouse Membership, a prospective Member must be 18 years old or more, have a diagnosed serious mental illness (as shown in #1 below), and be deemed to be safe for the physical and emotional environment of the other Clubhouse Members and staff. With that in mind, please answer the following questions to the best of your knowledge:

1. Primary Diagnosis:

- Schizophrenia
- Bipolar Disorder
- Major Depression
- Schizoaffective Disorder
- Other Psychotic Disorder
- Other Serious Mental Illness

If other was selected, please specify: _____

2. How long have you known the applicant? _____

TREATMENT PROVIDER ASSESSMENT -- CONTINUED

3. History with Alcohol:

- Has applicant had a problem with alcohol? Yes No
- Has applicant been in treatment for an alcohol problem? Yes No
- Is applicant currently in treatment or in a support group? Yes No
- Do they want help with an alcohol problem? Yes No
- How long have they been clean and sober? _____

4. History with Drugs:

- Has applicant had a problem with drugs? Yes No
- Has applicant been in treatment for a drug problem? Yes No
- Is applicant currently in treatment or in a support group? Yes No
- Do they want help with a drug problem? Yes No
- How long have they been clean and sober? _____

5. Drug/Alcohol Notes (Include Type of Drug, Amount, Frequency): _____

6. History of Violence

Are you aware of any violent behaviors that the applicant exhibits or know of any violent or criminal incidents in which they have been involved? Yes No

If yes, please describe: _____

In your opinion, is the candidate for membership likely to become a danger to themselves or others?

Yes No

7. Referral Source:

Name and credentials: _____

Referring Agency: _____

Telephone Number(s): _____

Signature: _____ Date: _____

Please Return Form to:

Prelude Clubhouse
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