

Membership Application

14230 NE 21st Street
Bellevue, WA 98007
425.614.1282
425.614.1294 fax
www.herohouse.org



Welcome to HERO House!

Please complete the following application, to get going with our membership process.

Prospective Member Information

Name: _____ Today's Date: _____
First MI Last

DOB: ____/____/____ SSN: ____-____-____

Address: _____ Apt#: _____

City: _____ State: ____ Zip: _____ County: _____

Phone: (____) _____ Cell: (____) _____ Email: _____

Demographic Information

Ethnicity

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Pacific Islander | |
| <input type="checkbox"/> Asian/Chinese/Japanese/Korean | <input type="checkbox"/> Caribbean/Haitian/Jamaican | |
| <input type="checkbox"/> Latino/Hispanic/Cuban/Mexican/Puerto Rican | <input type="checkbox"/> Middle Eastern | |

Primary Language (if other than English): _____

Marital Status

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Permanent Partner | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Separated/Divorced | <input type="checkbox"/> Single, Never Married | <input type="checkbox"/> Annulled |

Veteran Status

Are you a veteran? Yes No Did you receive an honorable discharge? Yes No

Education Level (Examples: high school, some college, college degree, some graduate work)

Current Housing Information

<input type="checkbox"/> Independent	<input type="checkbox"/> Boarding House/Group Home
<input type="checkbox"/> With Family	<input type="checkbox"/> Without Adequate Housing
Other: _____	
Are you satisfied with your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain: _____	

Sources of Income

(Example: SSI, SSDI, Friends & Family, GAU, GAX, Wages, etc.)	
Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Total Monthly Income: \$ _____	

Employment History

Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked for pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you worked in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Estimated TOTAL YEARS you have worked for pay: _____		
Estimated TOTAL NUMBER OF JOBS worked for pay: _____		
DVR (WA Department of Vocational Rehabilitation)		
Are you currently enrolled to receive services from DVR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who is your DVR counselor? _____		
If no, are you currently on the DVR waiting list?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 had any arrests for felonies? Yes No
- Have you ever physically injured another person? Yes No
- Do you have any history of violent behavior? Yes No

If any of the above questions were answered "Yes", indicate dates, behaviors, precipitants, legal actions, etc.:

MEDICAL INFORMATION

Medical Alerts (Examples: Allergic Reactions, Diabetes, etc.)

Allergies: _____

Medical Conditions: _____

Provider Contacts

Primary Care MD: _____ Agency: _____ Phone: (____) _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Psychiatric Hospitalizations

Have you ever been hospitalized for psychiatric reasons? Yes No

Total # of Psychiatric Hospitalizations: _____

Please list a brief history of psychiatric hospitalizations beginning with the first.

Approximate Date Range	Hospital	Any precipitants or triggers that led to hospitalization

Medical Insurance (Examples: Medicaid/Medicare/Private/Family pays/Self pay/Workers Comp, etc.)

Medical Insurance: _____

Policy Number: _____

If you are on Medicaid, please attach copy of your current coupon.

EMERGENCY CONTACT INFORMATION

Primary Contact: _____	Phone: (_____) _____
Relationship: _____	City & State if outside WA: _____
Secondary Contact: _____	Phone: (_____) _____
Relationship: _____	City & State if outside WA: _____

Substance Abuse History Please answer all questions.

Do you have a history of alcohol abuse? Yes No

If yes, have you ever been in treatment for an alcohol or 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

Is there any additional information of which you would like us to be aware?

I attest that this information provided in this application is true.

Prospective Member Signature

Date

Name & Title of Person Accepting Application

Date