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**This document is fillable. You can type into the blue text boxes.

Community 43

Prospective Member Application

First Name: _____ MI: ____ Last Name: _____

Date of Birth: ____/____/_____ Age: _____ Gender Preference: _____

Preferred Name (if different than above): _____

Address

Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Phone # _____ **E-mail Address:** _____

Have you ever been convicted of a sex offense or required to register as a sex offender? If yes, unfortunately, Community 43 is unable to accommodate prospective members who have been convicted of a sex offense or must register as a sex offender at this time. ☐ **YES** ☐ **NO**

Have you signed a release of information for communication between your agency/provider and Community 43?
(A signed release of information is needed to process). ☐ **YES** ☐ **NO**

Referring Staff's Name: _____

Type of Agency:

Agency Name: _____ Other Provider

Agency Address:

Phone (____) _____ _____

If other, please specify:

Email Address: _____

☐ Check if you've had a tour of Community 43? Date of tour: ____/____/_____

Community 43 is an agency that offers voluntary support and other services.
Do you voluntarily want the support and other services offered at Community 43? Yes ☐ **No** ☐

Community 43

What interests you to join Community 43?

☐ Community ☐ Socialize/Friends ☐ Education ☐ Employment ☐ Wellness ☐ Information Technology

☐ Benefits/Resources ☐ Counseling ☐ Art ☐ Horticulture ☐ Culinary Arts ☐ Assessment

Why would Community 43 be a good place for you?

Are any challenges or barriers keeping you from achieving your goals?

Medical Insurance - Please indicate policy name and member ID # (if known)

Medicaid (AHCCCS) only ☐	**Private Pay:** ☐
Commercial Insurance: ☐	**Medicare:** ☐
Veteran's Benefits: ☐	**Family Pays:** ☐
Self-Pay or Sliding Scale Fee: ☐	**Other (please specify):** ☐

Date of last physical exam:

Date of last dental exam:

Do you live alone? ☐ Yes ☐ No

If NO, with whom do you live?

Do you have a history of homelessness? (Please skip this question if it is not applicable).

☐ **Yes** If YES, please explain:

Do any minor children live in your home? ☐ YES ☐ NO

Community 43

Income

(please check-off all that apply & enter monthly amounts)

☐ SSI: $	☐ Retirement Benefits: $
☐ SSDI: $	☐ Veteran's Benefits: $
☐ Wages: $	☐ Public Assistance: $
☐ Family/Family Support: $	☐ Other: $
☐ SNAP: $	Total Income: $

Ethnicity

(please check all that apply)

☐ Black (African American)	☐ White (Caucasian)
☐ Asian	☐ Native American / American Indian
☐ Hispanic / Latinx	☐ Other: (please specify)
☐ Pacific Islander / Native Hawaiian	☐ Decline to Respond

Primary Language: If other than English:

Do you need an interpreter? ☐

(Please check box if you need an interpreter)

Veteran Status: Are you a veteran? ☐ YES ☐ NO

Citizenship: Are you a US Citizen/Permanent Resident? ☐ YES ☐ NO

Marital Status:

☐ Married ☐ Permanent Partner ☐ Separated ☐ Divorced ☐ Widowed / Widower

☐ Single ☐ Never Married

Legal History

Please answer all questions

Have you ever been in jail?	☐ YES ☐ NO
Have you ever been in prison?	☐ YES ☐ NO
Have you ever been convicted of a misdemeanor?	☐ YES ☐ NO
Have you ever been convicted of a felony?	☐ YES ☐ NO
Have you ever physically injured another person?	☐ YES ☐ NO
Do you have any history of violent behavior?	☐ YES ☐ NO

Please note: A "yes" response doesn't automatically mean your application will not be reviewed.
If any of the above questions were answered "yes," please indicate dates, behaviors, precipitants, legal action, etc.

Community 43

Education

(check all that apply)

☐ None	☐ Some High School	☐ GED
☐ Some elementary/Jr High	☐ High School Diploma	☐ Some College
☐ Associate's Degree	☐ Bachelor's Degree	☐ Trade School
☐ Some Graduate Work	☐ Master's Degree	

Employment History

Are you currently employed? ☐ **YES** ☐ **NO**

Have you ever worked for pay? ☐ **YES** ☐ **NO**

Have you worked in the last 12 months? ☐ **YES** ☐ **NO**

Please list the number of years you've had paid work: _____

Medical and Psychiatric History

Medical Alerts (check all that apply)

☐ **Food Allergy:**

☐ **Medication Allergy:**

☐ **Other type of allergy:**

☐ Chronic Physical Illness	☐ Severe Allergic Reactions
☐ Asthma	☐ New Psychiatric Medication
☐ Blind/Visual Impairment	☐ Deaf/Hearing Impairment
☐ Recent Surgery	☐ Diabetes
☐ Epilepsy/Seizure Disorder	☐ Hypertension
☐ Other:	

It is important that all components of this application are completed to the best of your ability. Any missing or incomplete components may delay the application process. In addition, it is helpful to include all documents at the same time.**(Basic documents listed below signature)**.

Please allow the Membership Team approximately two weeks to review applications. Please contact the Membership Office at **(602)274-7373 if you have any** questions.

Thank you for applying to Community 43. **Referrals may be e-mailed to info@community43.org**

Signature: _____ _____

Prospective Member Signature **Date**

1) **A current Part D (treatment plan or ISP) and current Part E (yearly assessment)**
2) **A detailed psychiatric assessment, current or updated within last 90 days, signed off by an MD and/or Nurse Practitioner**
3) **Copies of all Health Insurance cards**