Clear Form \*\*This document is fillable. You can type into the blue text boxes. Print Me

# **Prospective Member Application**

First Name:	MI:	Last Name:		
Date of Birth://	Age:	Gender Preference:		
Preferred Name (if different th				
	Address			
Street:			Apartment:	
City:	State:		Zip Code:	
Phone #	E-mail Address:			
staff's Name:	y, Commu een convic YES information	nity 43 is ted of a sex o NO on for vider and	unable to	accommodate nust register as  NO
Agency Name:				
	•	cy Address:		
<u>Phone (</u> )	<u> </u>			
If other, please specify:				
Email Address:				
$\square$ Check if you've had a tour of	Communit	y 43? Date of to	our:/	
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				

What interests you to join Com	munity 43?	
$\square$ Community $\square$ Socialize/Friends $\square$ Education $\square$	Employment □ Wellness	Information Technology
☐ Benefits/Resources ☐ Counseling Art Ho	orticulture Culinary Arts	Assessment
Why would Community 43 be a good place	for you?	
Are any challenges or barriers keeping you	ı from achieving your goal	c?
Are any chanenges of barriers keeping you	Trom acmeving your goal.	<u></u>
Medical Insurance - Please indicate policy in Medicaid (AHCCCS) only		nown)
Medicaid (Aricces) only	Private Pay:	
Commercial Insurance:	<u>Medicare:</u>	
Veteran's Benefits:	Family Pays:	
Self-Pay or Sliding Scale Fee:	Other (please specify):	
<u>Date of last physical exam:</u> <u>Date of last dental exam:</u>		
Date of last defital 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 no	t applicable).
Yes If YES, please explain:		
Do any minor children live in your home? YI	ES NO	

#### 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)

<u>Veteran Status:</u> Are you a veteran?  $\Box$  YES  $\Box$  NO

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

**Marital Status:** 

 $\square$  Married  $\square$  Permanent Partner  $\square$  Separated  $\square$  Divorced  $\square$  Widowed / Widower

 $\square$  Single  $\square$  Never Married

# **Legal History**

Please answer all questions

Have you ever been in jail?	□ YES □	ИО
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.

### **Education**

		(check a	ll that apply)		
□ Non	e □ Some High School		□ GED		
□ Som	e elementary/Jr High			☐ Some College	
☐ Asse	ociate's Degree	□ Bache	lor's Degree	☐ Trade School	
□ Son	ne Graduate Work	☐ Master	's Degree		
		Employr	nent History		7
Are you cu	urrently 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 ha	nd paid work:		
			<b>Psychiatric His</b> check all that ap		
Food Allerg Medication Other type	Allergy:				
	☐ Chronic Physical I	llness	☐ Severe Allerg	ic Reactions	
	☐ Asthma		☐ New Psychiat	ric Medication	
	☐ Blind/Visual Impairment		☐ Deaf/Hearing Impairment		
	☐ Recent Surgery		☐ Diabetes		
	☐ Epilepsy/Seizure I	Disorder	☐ Hypertension		
☐ Other:					
missing or incompl	t all components of the ete components may on the same time.(Basic d	delay the a	pplication proces	s. In addition, iť is h	ability. Any nelpful to include
	embership Team appro at (602)274-7373 if			ew applications. Ple	ease contact the
Thank you for appl	ying to Community 43.	. <u>Referra</u>	ls may be e-ma	ailed to info@cor	mmunity43.org
Signature:					
	Prospective Memb	oer Signat	ure	<u>Date</u>	

- 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