

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: _____ 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

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

Income

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

<input type="checkbox"/> SSI: \$	<input type="checkbox"/> Retirement Benefits: \$
<input type="checkbox"/> SSDI: \$	<input type="checkbox"/> Veteran's Benefits: \$
<input type="checkbox"/> Wages: \$	<input type="checkbox"/> Public Assistance: \$
<input type="checkbox"/> Family/Family Support: \$	<input type="checkbox"/> Other: \$
<input type="checkbox"/> SNAP: \$	Total Income: \$

Ethnicity

(please check all that apply)

<input type="checkbox"/> Black (African American)	<input type="checkbox"/> White (Caucasian)
<input type="checkbox"/> Asian	<input type="checkbox"/> Native American / American Indian
<input type="checkbox"/> Hispanic / Latinx	Other: (please specify)
<input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been in prison?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a misdemeanor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever physically injured another person?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any history of violent behavior?	<input type="checkbox"/> YES <input type="checkbox"/> 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.

