

Grand Avenue Club Membership Application

Grand Avenue Club (GAC) is based on “the Clubhouse Model of psychiatric rehabilitation” which is an Evidence Based Practice as defined by the United States Substance Abuse and Mental Health Services Administration (SAMHSA).

It is desirable for potential members to have a monthly income, shelter, food and appropriate medical/psychiatric care, as we do not have the resources to work on these issues at the outset of membership. GAC is unable to accept individuals whose primary issue is dementia, traumatic brain injury, or developmental disability. GAC is avidly interested in recruiting members who are able to work side-by-side with other members and our staff to run GAC in our Pre-Vocational Work Ordered Day. We are also interested in employment and/or educational goals individuals may have.

Please reply honestly to the questions that follow. Your responses will help our Membership Team get to know you.

If you have any questions or concerns please call our Membership Team at 414-727-3366

If you are filling this application out on paper, please FAX all filled out pages to 414-291-0218 or you can mail the application to:

Grand Avenue Club, Inc.
210 E. Michigan Street
Milwaukee, WI 53202

* Required

1. I have read the above statement and understand what Grand Avenue Club is about, and I am interested to get started with membership *

Mark only one oval.

YES!

Personal Information

2. Name *

3. Date of Birth *

Example: December 15, 2012

4. Gender *

Mark only one oval.

Female
 Male
 Transgender
 Prefer not to say

5. Race/Ethnicity *

Mark only one oval.

- African American
- Caucasian
- Asian
- Native American
- Non-white Hispanic
- Hispanic
- Biracial/ Multiracial
- Other

6. Address *

7. Phone Number *

8. Email *

If you do NOT have an email address, please enter N/A. This is so we can contact you easily online if we need to get a hold of you.

9. How do you prefer to be contacted? *

Mark only one oval.

- Email
- Phone
- Mail

Mental Health Information

10. How did you hear about Grand Avenue Club?

11. Are you currently working with a case worker, therapist, and/or psychiatrist? (Check all that apply). *

Check all that apply.

	Yes	No
Case Manager	<input type="checkbox"/>	<input type="checkbox"/>
Therapist	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>

12. Please list their names and agencies, as well as how long you have been working with them. *

13. What is your primary diagnosis? *

Mark only one oval.

- Depression
- Bipolar
- Schizophrenia
- Traumatic Brain Injury/ Dementia
- Developmental/ Cognitive Disability
- Personality Disorder
- Anxiety
- Alcohol/ Substance Abuse
- Other: _____

14. Have you ever been hospitalized for mental or emotional problems? *

Mark only one oval.

- Yes
- No

15. Were you hospitalized for those reasons in the last 3 years?

Mark only one oval.

- Yes
- No

16. Who referred you to GAC? **Mark only one oval.*

- Milwaukee County Behavioral Health
- Group Home
- Rogers Memorial Hospital
- Columbia St. Mary's Hospital
- DVR
- NAMI
- Whole Care Clinical Group
- Peer Support Specialist
- Case Manager
- Milwaukee Housing Division
- Meta House
- Pathways
- Aurora Hospital
- Froedtert Hospital
- La Causa
- Therapist
- Psychiatrist
- Family member/ friend
- GAC member
- Other

Demographic Information**17. What is your current living situation? ****Mark only one oval.*

- Own Home
- Treatment Center
- Shelter
- Rent Home
- Homeless
- Group Home/ CBRF
- Other: _____

18. How will you be coming to GAC?*Check all that apply.*

- Public Transportation
- Self (i.e. drive, walk)
- Para transit
- Friend/Family member
- Other: _____

19. What are your sources of financial support?(check all that apply). **Check all that apply.*

- Paid Employment
- Family
- SSI
- SSDI
- Unemployment
- IDAP
- Child Support
- W2
- Other: _____

20. What is your monthly income? **Mark only one oval.*

- Less than \$1000 per month
- \$1000-\$1500 per month
- \$1500-\$2000 per month
- \$2000-\$2500 per month
- More than \$2500

Education, Employment, & Legal History**21. Highest level of education completed ****Mark only one oval.*

- High School Diploma
- GED
- Some College
- Associates Degree
- Bachelor's Degree
- Master's Degree
- Doctorate
- Professional Degree
- Other

22. Are you currently enrolled in school or interested in returning to school?

Check all that apply.

	Enrolled	Interested
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

23. Employment Status *

Mark only one oval.

- Currently Employed
- Unemployed
- Retired for age
- Retired for disability
- Stay at home parent
- Student
- Other: _____

24. Employment History *

Mark only one oval.

- Never Employed
- History of Intermittent Employment (Major gaps in employment)
- History of Stable Employment (Minimal gaps in employment)

25. Legal History *

Check all that apply.

	Yes	No
Currently on probation	<input type="checkbox"/>	<input type="checkbox"/>
Currently on Parole	<input type="checkbox"/>	<input type="checkbox"/>
Currently on deferred prosecution	<input type="checkbox"/>	<input type="checkbox"/>
Convicted of a felony	<input type="checkbox"/>	<input type="checkbox"/>
Convicted of a misdemeanor	<input type="checkbox"/>	<input type="checkbox"/>
Never convicted	<input type="checkbox"/>	<input type="checkbox"/>

26. Have you ever been convicted of a sexual offense? *

Mark only one oval.

- Yes
- No

27. Do you have a history of alcohol and/or drug misuse? *

Check all that apply.

- Alcohol
- Drugs
- Both
- None

Skills & Interests

Grand Avenue Club offers opportunities to discover and use your strengths, talents, and abilities. All work at GAC is intended to assist you in enhancing your self-worth, purpose, and self-confidence.

28. What are your interests?(Check all that apply) *

Check all that apply.

- I want to go back to school.
- I want a place to go to do meaningful things.
- I want to develop my work skills.
- I am interested in paid employment.
- I would like have more social opportunities.
- I would like to develop my computer and data entry skills.
- I want a place to go to feel needed.
- Other: _____

29. What are your primary goals? *

Check all that apply.

	Most important	Important	Not important at this time
Paid Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education/ Vocational program in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socializing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running GAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer skill development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. I have experience and enjoy (check all that apply) *

Check all that apply.

- Answering phones
- Cashiering
- Working with people
- Preparing meals
- Filing
- Data entry
- Meal Planning
- Journalism/ Writing
- Public speaking
- Book keeping/ Accounting
- Other: _____

31. I would like to learn more about (check all that apply) *

Check all that apply.

- Data entry
- Cashiering
- Working with people
- Preparing meals
- Book keeping
- Filing
- Meal Planning
- Public speaking
- Journalism/ writing
- Answering phones
- Other: _____

32. Why are you interested in becoming a GAC member? *

33. Is there anything else you would like us to know about you?

34. How was this application filled out? *

Mark only one oval.

- I had assistance filling out this application
- I filled out this application independently