

GATEWAY CLUBHOUSE MEMBERSHIP APPLICATION

A Program of Community Workforce Solutions

Date: _____

Name: _____ DOB: _____ SS (last four): _____

Address: _____

Phone: _____ Email: _____

County of Residence _____

Legal Guardian/Family Member Name: _____

Address: _____

Phone: _____ Email: _____

Disability: Traumatic Brain Injury (TBI) _____ Acquired Brain Injury (ABI) _____

Other (Please List) _____

Military/Veteran: Yes No

Have you been through Alliance Behavioral Health? Yes No

Education:

The numbers below stand for the grades kindergarten through twelfth grade, and for years of college. Please circle the number indicating the highest level of education you have completed.

K 1 2 3 4 5 6 7 8 9 10 11 12 GED (yes/no) _____ College 1 2 3 4 Graduate School 1 2 3 4 5

Degrees/Certificates _____

Are you presently employed? Yes No If yes, where? _____

Do you have a history of substance abuse? Yes No

Do you have any cultural or religious considerations that would impact your Clubhouse participation? Yes No

(Please describe) _____

How did you hear about the program? _____

Referring Person: _____

Phone: _____ Email: _____

Please return to:

Gateway Clubhouse
1805 Garner Station Blvd.
Raleigh, NC 27603

Telephone: 919-662-0940
Fax: 919-662-0950