

Membership Application
1 East Post Road, White Plains, NY 10601
914-288-9763 Fax: 914-683-9320
www.freecenter.org

(please print) Date _____

Last Name: _____ First: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ SS#: _____

D.O.B.: _____ SEX: M () F ()

Ethnicity: Caucasian () Afro-American () Hispanic () Asian () Other ()

Residential Housing Agency: _____ Private/ None ()

Referred by: _____ NAME

Self ()

Friend: () _____

Hospital/Health Center: _____

Community Agency: _____

Ticket to Work: _____

VESID: _____

One Stop: _____

Other (Specify): _____

Professional Supports:

Psychiatrist: _____ M.D. phone _____

Therapist: _____ phone _____

Caseworker _____ phone _____

Housing Counselor _____ phone _____

Diagnosis Axis 1: _____

Axis 2: _____

Physical health concerns? _____

Episodes of assaultive or abusive behavior in past year? _____

History of alcohol or substance abuse? _____

Current legal status and/or issues? _____

Psychiatric Medications? _____

Current Treatment Plan:

- | | | | |
|---------------------------------|-----|----------------------------|-----|
| Continuing Day (CDT) | () | Individual Therapy | () |
| IPRT | () | Group Therapy | () |
| Vocational/Supported Employment | () | Psychotropic Medication(s) | () |
| Social/Clubs | () | Education | () |
| AA/Alanon | () | Spiritual | () |
| Other _____ | () | | |

Last Grade Completed: _____ Degree: _____

Last Year Worked: _____ Title: _____

Last Hospitalization _____ Hospital _____

Licensed to Drive () Computer at Home () Registered to Vote ()

Financial Information:

SSI: \$ _____ () Unemployment: _____ () SSDI: \$ _____ () Medicare () Section 8/Shelter Care ()
 Public Assistance (DSS) () Food Stamps () \$ _____ Medicaid ()
 HMO () _____ Spend Down \$ _____
 Other () _____ Rent _____

Goals/Interests:

- | | | | | | |
|--------------------------|-----|---|-----|----------|-----|
| Socialize | () | Arts & Crafts | () | Seminars | () |
| Computer Skills/Cert. | () | Internet | () | Typing | () |
| Career Counseling | () | Entitlements Applications: | | | |
| Internship/Job Placement | () | SSI, SSDI, PA, Food stamps, housing () | | | |
| Other _____ | () | | | | |

Intake Interviewer: _____ Date: _____

Recommendations: _____
