

**Harbor House Social Club**  
**Membership Form**

This information is confidential. However, the Butler County Mental Health Board will use data compiled to promote services for the club.

Start Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone# \_\_\_\_\_ Date of Birth (Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_)

Marital Status (circle one :) Single Married Divorced Widowed

Family size (how many people live in your home) \_\_\_\_\_

Race (circle one) White Black Asian Prefer not to answer

Ethnicity (circle one) Hispanic or Latino Non Hispanic or Latino Prefer not to answer

Social Security# (**REQUIRED**) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How will you get to Harbor House (check one):

☐ Walk ☐ Valley Transport/Medicaid ☐ Bus ☐ Other (explain): \_\_\_\_\_

Where do you receive your mental health services?

☐ Butler Behavioral Health ☐ Transitional Living ☐ Community Behavioral Health

☐ Access Counseling ☐ Other: \_\_\_\_\_

If needed, who can we contact regarding your mental health services (ex. therapist, case manager)?

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Do you currently receive or have ever received Developmental Disability Services? ☐ Yes ☐ No

☐ Unsure

If so, who can we contact regarding your developmental disability services?

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone # \_\_\_\_\_

By accepting membership to Harbor House Social Club, all members are agreeing to the Rules of Conduct and Grievance Procedures. I am also aware that if the provider of my mental health services does not fulfill the risk assessment within 10 business days my membership will be put on hold until the risk assessment is completed.

Sign X: \_\_\_\_\_

Office Use Only: Membership cleared: Yes: \_\_\_\_ No: \_\_\_\_ if no attach explanation GOSH Entered for current fiscal year: Yes: \_\_\_\_ No: \_\_\_\_

Miles from club: \_\_\_\_\_