



THE GATHERING PLACE

5310 S. Willow Street, Houston, TX 77035 / Phone: 713-729-3799 / Fax: 713-729-6870

MEMBERSHIP APPLICATION

How Did You Hear About The Gathering Place? _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____ DOB: _____

Gender: Male / Female Race: White Black Hispanic Asian American Indian Other

Current Living Status: Independently With Family Personal Care Home Other

Marital Status: Single Married Divorced Widowed

Are You Currently Employed? Yes / No If yes, where? _____ How Long? _____

Are You Interested in Employment Assistance? Yes / No Do you receive SSI and/or SSDI? Yes / No

Are you interested in information on how to maintain employment while receiving SSI and/or SSDI? Yes / No

Your Education: Drop Out GED High School College

Do You Have a Legal Guardian? Yes / No IF YES, PLEASE PROVIDE A LETTER OF GUARDIANSHIP

Guardian Name: _____ Phone Number: _____

Guardian Address: _____

Have You Ever Been Convicted of a Crime? Yes / No Date and Type of Conviction _____

Have You Served in the Military? Yes / No Branch _____ Number of Years _____

What Type of Transportation Will You Use to Get to TGP?

Metro Bus Metro Lift Taxi Family Member Own Vehicle Personal Care Home Van

Mental Health Support: MHMRA or Private Psychiatrist

Psychiatrist: _____ Phone Number: _____ Fax: _____

Medical Doctor: _____ Phone Number: _____ Fax: _____

Therapist: _____ Phone Number: _____ Fax: _____

Emergency Contact: _____ Relationship to You: _____

Phone Number: _____ Address: _____