



THE GATHERING PLACE

5310 S.WILLOW- HOUSTON, TX 77035- PHONE 713-729-3499- FAX 713-729-6870

MEMBERSHIP APPLICATION

Date: _____

Last Name: _____ First: _____ MI: _____

Street Address: _____ Apt. #: _____

City: _____ St. _____ Zip: _____

Phone #: _____ E-Mail: _____

Date of Birth: _____ Gender: _____ Male _____ Female

Ethnicity: _____ White _____ Black _____ Hispanic _____ Oriental _____ Other

Living Status:

___ Independently

___ W/Family

___ Personal Care Home

___ Other

Marital Status:

___ Single

___ Married

___ Divorced

___ Widowed

Employed: Yes ___ No: ___ If Yes, Where? _____

How Long? _____

Education: ___ Drop Out ___ GED ___ High School ___ College

Legal Guardian: ___ Yes ___ No (If yes, please provide Letter of Guardianship)

If yes, Guardian Name: _____

Guardian Address: _____ Zip Code: _____

Guardian Telephone Number: _____

Source of Income: _____ Amount: _____ Medicaid: Yes ___ No ___

Has person applied for benefits? ___ Yes ___ No If Yes, When? _____

Will you need transportation to TGP? ___ Yes ___ No If Yes, will it be by: ___ Metro Bus

___ Metro Lift ___ Taxi ___ Family ___ Own Vehicle ___ Personal Care Home Van

Mental Health Support:

MHMRA

Private

Psychiatrist:

Name: _____

Phone #: _____

Fax #: _____

Medical Doctor:

Name: _____

Phone #: _____

Fax #: _____

Therapist:

Name: _____

Phone #: _____

Fax #: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone #: _____

Cell #: _____

Address: _____