

STAR EAST

STAR CENTRAL

STAR WEST

STAR – Stand Together and Recover Centers

Formerly SELFF and SOON

1310 W. University, Mesa, AZ 85201 480/6493642

2144 E. Roosevelt, P.O. Box 61358, Phoenix, AZ 85082-1358, 602/231-0071

605 N. Central, Avondale, AZ 85323, 623/882-8463

Member application and Information Form

If this form and a release form do not have all required information, the client cannot be approved for membership to STAR.

Client/Service Recipient name: _____
LAST FIRST MIDDLE

Social Security # _____ Date of Birth: _____

Mailing Address: _____
NO. STREET APT #
CITY STATE ZIP

Telephone No.: _____ Message #: _____

Homeless? (circle one) Yes No Title XIX eligible? (circle one) Yes No

Ethnicity: _____ Gender: (circle one) M F

Clinical Site: _____ EDS ID # _____

Case Manager: _____ CM Phone: _____

Drs. Name: _____ Drs. Phone: _____

Your SMI Diagnosis Code: _____ AHCCCS ID# _____

Medical Conditions (if any): _____

Emergency Contact: _____ Phone: _____

Would you be available to volunteer at STAR? (circle one) Yes No

What are your volunteer or program interests? _____

I, (print name) _____, have received and read the STAR Disruption Policy and I agree to abide by them fully. I also understand that if I break any of the rules, I can be written up and/or terminated according to the established Disruption Policy. I also understand that STAR has a grievance procedure outlined at the bottom of the Disruption Policy Handout.

Member's Signature

Date

Intake Staff Signature

Date