

# UPWARD BOUND 5<sup>TH</sup> STREET EXPRESS

104 E 5<sup>th</sup> St, Fairmont MN 56031      507-238-9021

upwardbound@midconetwork.com

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, Zip \_\_\_\_\_

Email address: \_\_\_\_\_

## INTERESTS

Recreational past times: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Clubs/organizations: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Why are you interested in the Drop In Center? \_\_\_\_\_

\_\_\_\_\_

## REFERRAL SOURCE

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

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(over)

PROFESSIONAL STAFF

Case Manager: \_\_\_\_\_

Phone: \_\_\_\_\_

Therapist: \_\_\_\_\_

Phone: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Phone: \_\_\_\_\_

Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

Diagnosis or disability: \_\_\_\_\_

Medical or other concerns that staff should be aware of: \_\_\_\_\_

Current medications: \_\_\_\_\_

I have read the Drop In Center Rules and Expectations and agree to abide by them.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date