WELLNESS CENTER WEST

11277 Garden Grove Blvd, Suite 101A
Garden Grove, CA 92843
wellnesscenterwest.org
(657) 667 - 6455

Membership Application

The purpose of Wellness Center West is to provide a safe and nurturing environment for everyone to achieve their vision of recovery while promoting acceptance, dignity and social inclusion.

Members must be at least 18 years of age, live in Orange County and have been or are currently receiving mental health services.

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone #: _____ **Email:** _____

Date of Birth: _____ **Gender:** Male Female Other: _____

Are you currently under a court-ordered conservatorship or guardianship? Yes / No

Emergency Contact Name: _____

Emergency Contact #: _____ **Relationship to you:** _____

Are you a Veteran? Yes / No **Ethnicity:** _____

Primary Language: Arabic English Chinese Farsi Korean Spanish Vietnamese

Other: _____

How did you hear about Wellness Center West? (Check one)

☐ Friend ☐ Current Member ☐ Family Member ☐ Another Wellness Center

☐ Clinic ☐ Hospital ☐ Therapist ☐ Other: _____

Are you currently a member of another Wellness Center? (Check all that apply)

☐ Wellness Center Central (Member ID: _____) ☐ Wellness Center Central (Member ID: _____)

☐ Not a member of any Wellness Center

What is your interest in joining Wellness Center West? _____

_____

What is important to you in your personal journey of recovery? _____

_____

Which of the following areas of recovery interest you? (Circle all that apply)

Emotional Spiritual Physical Social

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What social activities are you interested in? (Circle all that apply)

Nature Walks Field Trips Dance Socializing

Drama Other: _____

Are you interested in any of the following? (Circle all that apply)

Volunteering at Wellness Center West Yes / No

Volunteering in the community Yes / No

Finding employment Yes / No

Facilitating groups/activities at Wellness Center Yes / No

Are you considering pursuing further education? Yes / No

If yes, which educational activities interest you? (Circle all that apply)

GED / Diploma Certificate Program Two Year Degree Program

Four Year Degree Program Self-Improvement Other: _____

Which skills would you like to enhance in your life? (Examples: Anger management, budgeting, computer skills, cooking, coping skills, etc.) _____

_____

Which sports are you interested in? (Circle all that apply)

Volleyball Basketball Bowling Kick ball Frisbee

Miniature Golf Other: _____

Do you have any hobbies or interests you would like to pursue at Wellness Center West?

_____

Do you have a medical condition that you want us to be aware of? Yes / No

If yes, what should we do in case of an emergency? _____

By signing this form, I agree that I am at least 18 years of age, I live in Orange County and I have been or am currently receiving mental health services. *Membership will be renewed annually in June.

Signature: _____ **Date:** _____

Conservator / Guardian Signature: _____ **Date:** _____

Office Use Only: Member ID _____

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Wellness Recovery Action Plan (WRAP)

1. My Wellness

This is what I'm like when I'm well:

Example: "Feeling calm and productive most days, staying connected to supportive friends, and managing my symptoms with tools I trust."

2. Daily Maintenance List

Things I do every day to support my wellness:

Example: "Shower, talk to friends, make my bed, take my medication as prescribed, eat healthy, go for a walk, meditate, journal."

3. Strengths and Resources

Identify personal strengths, skills, and external supports that help you succeed:

4. Potential Challenges and Solutions

Anticipate possible barriers and how you might address them. What are my triggers? How will I respond to them?

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Employment Referral Form

Fill out this section if you are interested in employment support.

Full Name: _____ **Date:** _____

Phone #: _____ **Email:** _____

Language(s) spoken fluently: (Check all that apply)

☐ Arabic ☐ English ☐ Spanish ☐ Vietnamese ☐ Other: _____

Do you have a high school diploma or G.E.D.? ☐ Yes ☐ No ☐ Currently working on it

If yes, what year did you complete it? _____

Are you authorized to work in the U.S.? ☐ Yes ☐ No

Do you have a valid and current Driver's License/ID? ☐ Yes ☐ No

Do you receive SSI/SSDI? ☐ Yes ☐ No SSI Amount: _____

Are you currently or have you ever been on probation or parole? ☐ Yes ☐ No

If yes, please explain:_____

_____

What is your main form of transportation?

☐ Access ☐ Bike ☐ Bus ☐ Car

☐ Ride from others ☐ Uber/Lyft ☐ I don't have any ☐ Other: _____

List any special work conditions (e.g. physical restrictions, environmental stress factors to be avoided, etc.)

_____

What type of work are you interested in?

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

What geographical area(s) would you like to work? _____

What's your availability?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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Social Agreement

Wellness Center West aims to foster a community of diversity and inclusion where members can feel safe, valued, and respected. All wellness center members and guests are expected to demonstrate mutual respect for the beliefs and opinions of others and agree to conduct themselves in a manner that acknowledges the dignity and humanity of others. The Wellness Center will not tolerate discrimination based on but not limited to race, religion, political beliefs, national origin, and gender identity.

MEMBER RIGHTS:

You have the right to protection from harm.
You have the right to accept or deny our services.
You have the right to be treated with dignity and respect.
You have the right to participate in designing a plan to meet your needs.
You have the right to ensure that your information will be kept confidential.

AGREEMENTS:

I will be respectful of those who share our community by:

- Maintaining healthy boundaries
- Not engaging in verbal/physically aggression or property damage.
- Not bullying members and/or staff verbally, physically, or electronically.
- Not harassing others, including sexual and/or unwanted physical contact (e.g., kissing, cuddling)
- Keeping the Wellness Center clean by keeping food/drinks in designated areas only.
- Wearing appropriate clothing and practicing good hygiene while at the Wellness Center and its social outings.
- Being mindful of the Wellness Center's neighbors and avoiding disruptive behavior per the Good Neighbor Policy.
- I will not be under the influence while on Wellness Center premises.
- I will smoke in the designated smoking area only.

I will help maintain the Wellness Center as a safe place which includes:

- Taking responsibility for my belongings.
  - Leave personal belongings at home or in your car.
  - Keep wallets/purses containing personal identification information with you at all times.
- I will not bring weapons or any items onto the Wellness Center premises that may compromise mine or other's safety.
  - Weapons of any kind (knives, guns, pepper sprays, tasers, etc.) are not permitted on the premises.
- No photography, video/audio recording are permitted on the premises without prior authorization from Wellness Center management.
- I will follow Wellness Center's health policies, staying home when sick, and practicing regular hand hygiene and/or using hand sanitizer.
- Being aware of my surroundings when discussing topics associated with my protected health information, taking steps to ensure my confidentiality is maintained.

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While at the Wellness Center I will participate in a group or activity. I will respect and follow all group rules:

- The Wellness Centers will not be a drop-in center, and individuals attending the Centers shall be required to actively and independently engage in groups, classes, trainings, or activities offered by the Center.
- Members who request to have the support of a guest/professional while attending the Wellness Center Recognize that guests/professionals are also subject to the Wellness Center social agreements.
- Priority space for participating in group activities and outing will be given to members. Accommodation can be made to include/professionals if space is available.
- I will be respectful of others wanting to use the Computer Lab. I will not stay on the computer for more than 30 minutes at a time.
- I will be respectful of others while using games in the Living Room.
- I will respect the condition of the room and its contents.
- I will communicate with a peer mentor any needs or concerns.
- I will be mindful of others who also want to participate.
- I will ask a peer mentor to set up all electronic games.
- I will be respectful of the serenity of others.
- I will help keep noise and distractions to a minimum while in the Serentiy Room.

I will follow all rules while on outings with the Wellness Center:

- Before being transported, all personal belongings will be placed in the trunk of the vehicle.
- No distraction of the driver will be permitted while the car is in motion.
- Smoking is not permitted in any vehicle.
- Drugs, alcohol, paraphernalia are not permitted in any part of the vehicle.
- If the van river suspects a member has been using alcohol or drugs, they reserve the right to refuse transporting said member.
- Weapons of any kind (knives, guns, pepper sprays, tasers, etc.) are not permitted in any vehicle.

MEMBER COMPLIANCE

By signing this agreement, I agree to abide by the rules of the program as determined by the Member Advisory Board (MAB). I understand that my information may be shared with Wellness Center Central and Wellness Center South. If I am suspected of breaking one of more of the Wellness Centers' rules, the Center will convene a group led by the Program Director and any staff involved in the incident to discuss and determine the appropriate course of action. I am aware that I may be suspended for a length of time as determined by the management team. The duration of the suspension will depend on the severity of the incident. Please refer to the attached Guidelines for Exiting Members.

I understand that when I get exited from one location, I am exited from all three Wellness Center locations (Central, South, and West) and the Tustin campus. My exit information will be shared with the other sites.

Print Name: _____

Signature: _____ **Date:** _____

Conservator / Guardian Signature: _____ **Date:** _____

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Member Exit Guidelines

Members agree to and sign a Social Agreement before being granted membership at Wellness Center West. If any part of the agreement is violated by a member, Wellness Center West staff will discuss the infraction with that member. Depending on the nature of the violation, the member may be asked to exit the Center for a period of time according to the guidelines below.

Course of Action for Minor Offenses

- 1st Violation – Member may be asked to exit the center for one business day
- 2nd Violation – Member may be asked to exit the center for three business days
- 3rd Violation – Member may be asked to exit the center for one week

In the event of a repeated offense or serious offense committed by the same member, we may ask the member to exit for longer than one week. It may be increased by two-week increments.

Course of Action for Serious Offenses

- 1st Violation – Member may be asked to exit the center for one month
- 2nd Violation – Member may be asked to exit the center for two months
- 3rd Violation – Member may be asked to exit the center for six months

*Members may be asked to exit the center for a longer period of time based on the discretion of Wellness Center West staff. Factors such as personal history as well as the severity of the offense will be considered. Each situation will be assessed on a case-by-case basis.

Categories of Offenses

Minor Offenses

- Being disrespectful to others
    - Invading personal space
    - Verbal disrespect
- Being disrespectful to the environment
    - Continuously smoking in the wrong area
    - Causing minor property damage. Members will be asked to pay for damages.
- Foul language
- Being disruptive in group
- Yelling and screaming
- Provoking others
- Not participating in groups or activities
- Photographing, video/audio recording without prior authorization

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Serious Offenses

- Physical or sexual abuse, assault, and/or aggressive behavior. Police will be notified.
- Possession of a firearm or concealed weapon. Police will be notified immediately.
- Theft (with evidence/staff witness). Police will be notified immediately.
- Serious verbal and serious physical threats such as a Tarasoff situation. Police will be notified as well as the potential victim.
- Indecent exposure
- Intentional breach of security
    - Server
    - Infecting computers with malicious software
    - Accessing confidential PHI
- Serious property damage. Members will be asked to pay for damages and police will be notified.
- Performing consensual acts on program property.
- Sale and/or possession of an illegal substance or paraphernalia. Police will be notified.
- Consistently and persistently bullying someone
- Engaging in harassing behaviors including sexual harassment.

Exit

Upon being exited, the member must leave Wellness Center West property and may not return until arranging a meeting with the Program Director after the end of the exit period. An exited member shall not be considered a member in good standing during the period of exiting and shall take no part in any of the activities, events, outings, games, groups, hobby groups, rights, interests, and belongings to any of the Wellness Centers (Central, South, or West) until such time as member complies with the requirements for reinstatement.

Reinstatement

1. For reinstatement after an exit, member must meet with the Program Director and other designated staff at Wellness Center West.
2. Wellness Center West staff will review the Social Agreement with the member and ask for commitment to following the Social Agreement; member will sign and date the Social Agreement as an indication of intention to adhere to it.
3. Wellness Center West staff will discuss any further requirements for re-entry, such as specific groups to help the member avoid further infractions.
4. The other Wellness Centers will be informed when a member has been reinstated.
5. Members' attendance will be monitored to ensure they are complying with re-entry requirements.