Member Application

Please **complete each section** and return the entire package,
along with a non-refundable **$100 application fee**, by mail or email to:

On My Own of Michigan, Inc.®
1250 Kirts Blvd., Suite 300
Troy, MI 48084
rachel@onmyownofmi.org

General Information

Please complete all questions. If a question is not applicable, please answer with n/a.

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone Number: _____

Preferred E-mail: _____

Employer: _____

Birth Date: ____ / ____ / _____ Gender Identity: _____

Developmental Disability Diagnosis: _____

*please attach documentation of the developmental disability diagnosis

Mental Health Diagnosis (if applicable): _____

*if there is a mental health diagnosis, please have a mental health professional complete the attached mental health questionnaire

Chronic Illness Diagnosis (if applicable): _____

*if there is a chronic illness diagnosis, please have the treating physician complete the attached health questionnaire

Allergies: _____

Preferred Hospital: _____

In case of increasing anxiety or a mental health emergency, please take the following steps to help me:

_____

_____

In case of an illness, injury or medical emergency, please take the following steps to help me:

_____

_____

Legal Guardian (if applicable): _____

Medical Power of Attorney (if applicable): _____

Financial Power of Attorney (if applicable): _____

*please attach guardianship and/or power of attorney paperwork to this application

Referred to On My Own By: _____

Emergency Contacts (must list 2)

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Home Address: _____ Home Address: _____

City: _____ State: ___ Zip: _____ City: _____ State: ___ Zip: _____

Preferred Phone: _____ Preferred Phone: _____

Preferred Email: _____ Preferred Email: _____

I attest that all information included in this application is accurate and that critical information has not been omitted. I also give On My Own of Michigan staff my permission to communicate with my emergency contacts and my current health care professionals regarding my potential and future participation in On My Own of Michigan. Finally, I agree to cover all costs of On My Own membership incurred.

Signature: _____ Date: _____

As guardian and/or emergency contact, I attest that all information included in this application is accurate and that critical information has not been omitted. I also agree to cover all costs of On My Own membership incurred by but not paid by the applicant. Finally, I agree to come for the applicant at once if I am contacted by On My Own staff for a medical, psychiatric or behavioral issue.

Guardian Signature (if applicable): _____ Date: _____

Emergency Contact #1 Signature: _____ Date: _____

Emergency Contact #2 Signature: _____ Date: _____

Mental Health Questionnaire

Mental Health History

Must be completed by a mental health professional who has treated the applicant in the last 12 months

(Please print or type the following information)

Applicant's Name: _____

Diagnosis: _____

Please include notes below or attach copies of recent reports that include the following information:

- Current mental status and cognitive level
- History of psychiatric hospitalizations, and suicidal or homicidal ideations
- Current likelihood of suicidal behavior
- Current likelihood of violent behavior toward self or others
- Current likelihood of abusing drugs or alcohol
- Anything else we should know about applicant's mental health as we seek to provide a safe and healthy environment

_____
_____
_____
_____
_____
_____
_____
_____
_____

Mental Health Professional's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

_____ _____

Signature Date

Health Questionnaire

Chronic Illness History

Must be completed by a primary care physician who has treated the applicant in the last 12 months

Applicant's Name: _____

Chronic Illness(es): _____

Please include notes below or attach copies of recent reports that include the following information:

- Current health status
- History of hospitalizations or surgeries
- Steps to take if chronic illness(es) present during an On My Own activity
- Anything else we should know about applicant's health as we seek to provide a safe and healthy environment

_____

_____

_____

_____

_____

_____

Current Medications (please include all, not just those prescribed by primary care physician)

Medication	Dosage	Frequency	Purpose

Physician Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

_____ _____

Signature Date

Photograph, Social Media, and Website Release

I hereby authorize On My Own of Michigan, Inc., to publish photographs of myself and/or the individual listed below, if the individual is not his or her own guardian, and our first names and likenesses, for use in the On My Own of Michigan, Inc. 's print, online, and video-based marketing materials, as well as other On My Own of Michigan, Inc. publications.

I hereby authorize On My Own of Michigan, Inc. to publish goal-oriented information about myself or the individual listed. Prior to information being published I am aware that I have the right to review information and decline or suggest changes to the statement prior to publishing.

I hereby release and hold harmless On My Own of Michigan, Inc. from any reasonable expectation of privacy or confidentiality for the individual listed below associated with the images and information specified above. Further, I attest that I am the parent or legal guardian of the individual listed below and that I have full authority to consent and authorize On My Own of Michigan, Inc. to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I nor the individual will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other company publications. I acknowledge and agree that publication of said photos and information confers no rights of ownership or royalties whatsoever.

I hereby release On My Own of Michigan, Inc., its contractors, employees and any third parties involved in the creation or publication of company publications, from liability for any claims by me or any third party in connection with my participation.

Signature is valid for one calendar year and to be updated on an annual basis.

Printed Name: _____

_____ _____

Signature of individual Date

_____ _____

Signature of guardian (if applicable) Date