LILA Peer Support Club Membership Application

990 Oak Street, Eugene, Oregon 97401, 541.636.3107
www.LILAOregon.org

Welcome and thank you for your interest in the LILA Peer Support Club.

Certain eligibility requirements are true for all applicants, and ongoing membership, those criteria include: be age 18 or older; application must be completed in it's entirety; must be receiving services from a mental health provider; must currently have, and maintain a residence in Oregon; not be convicted of any level 3 sex offenses; and if approved, demonstrate, and model an understanding of club rules, and those courtesies expected within a peer, recovery environment. Failure to meet any of the expected requirements can, and / or may result in declination of application, as well as suspension, and / or membership revocation from the club. Application approval and processing is based on current active membership and space availability.

Applicant Signature:_____, Date_____

Name:_____
(first) (middle) (last)

Address: _____
(street) (city , state, zip)

Mailing Address: _____
(street) (city , state, zip)

Cell Phone :_____ Message Phone:_____

Date of Birth: _____ Email:_____
(month) (day) (year)

I have Oregon Health Plan (circle one): Yes No Application in Process

Referral Source:_____ Mental Health Provider:_____

Please indicate other LILA services you are interested in receiving.

SSI / SSDI Application		Employment / Resume		Other (Please Specify)
Housing		ADA Support / Advocacy		
Money Skills		Voc Rehab WIN program		
Support Groups		Independent Living Skills		
Mental Health Support		Resource Referral		