

Membership Application

The Breakthrough House mission is to empower individuals with mental illness to function more independently in their social, living, and working environments and to secure decent, safe, and affordable housing for them in Shawnee County

To be eligible for Membership, the referral application must be completed and signed. In addition we require a current, detailed *psychosocial history* and a current *psychiatric assessment*, both written within the last 90 days, as well as a signed *release*.

To be eligible for membership an applicant:

- 1. Must have a primary presenting problem associated with severe and persistent mental illness.
- 2. Should be interested in attending Breakthrough House, since participation is voluntary.
- 3. Lives within Shawnee County.
- 4. Is prohibited from using alcohol or street drugs before or when attending the clubhouse.
- 5. Cannot pose a threat to our community.
- 6. Must be at least 18 years of age. There is no upper age limit.

If you have any questions or need assistance please contact the Intake/Membership Office at (785) 232-6960.

Prospective Member	
First: MI:	Last:
DOB: SSN:	Last:Place of birth:
Is someone recommending you for membership	<u>o?</u>
Name:	Agency:
Phone:	Type of Agency:
How long have you known this person?	
Γ	
Why would Breakthrough House be a good pla	ce for you?:
Address	
Street:	Apt:
City: Sta	ate: Zip:
	unty:
How long have you resided here?	
<u>Current HousingType</u> (circle one)	
1). Own Home/ Apartment (Non-subsidized)	8). Supervised Housing (Part-time Supervision)
2). Home of Family Member	9). Foster Care
3). Rooming/ Boarding House, Hotel	10). Psychiatric Hospital
4). SRO (Temporary)	11). Nursing Home
5). Supported Apt. (Subsidized)	12). Prison/ Jail
6). 24 Hr. Supervised Housing	13). Shelter
7). Supportive Apartment	14) Homeless/ Undomiciled
	15). Other, please elaborate:
<u>Current Housing Status</u> (circle all that apply)	Satisfaction with Housing (circle one)
1). Alone	1). Very Satisfied
2). With Room/ Housemate(s)	2). Somewhat Satisfied
3). With Spouse/ Partner	3). Neutral
4). With Parents	4). Somewhat Unsatisfied
5). With Other Adult Relative6). With Minor Child(ren)	5). Very Unsatisfied
7). Institutional Setting	
,,, montational setting	
Income (circle all that apply & enter monthly amo	ounts)
SSI: \$ Family Support: \$	
SSDI: \$ Friend Support: \$	
Wages: \$ Retirement Benefits	: \$ Other:
	Total Income: \$

Ethnicity (ci	rcle all that appl	ly)								
Latino/Hispa	erican se/Japanese/Koro nic/Cuban/Mexi	ican/Pu	Middl erto Ric	e Easter can	'n	ive Ame	erican	Caucas Pacific Caribb	Islan	der Iaitian/Jamaican
Primary Lai	nguage If othe	r than I	English,	·						
Marital Stat	us (circle one)	Marrie Widov			nent Pa , Never	rtner Married	i	Separa Annul		Divorced
Veteran Stat	tus Are yo	ou a vet	eran?		YES		NO			
Education L	evel (circle all	that app	oly)							
Less than Hig Trade School Bachelor's De Advanced Gr		Some	High So College Gradua		ζ		College 's Degr		_	School Diploma ociate's Degree
School Attend	led		Years		Major				Did	you Graduate?
Have you wo Estimated TO	t History er worked for pa orked in the last OTAL YEARS S OTAL NUMBEI	12 mon ou hav	e worke	ed for pa						
Please List A	All Employmen	t. Be s	ure to i	nclude	the mos	st recen	t and lo	ongest j	job:	
Dates	Employer					Γitle/ Ty	pe of w	ork		urly Wage & Hours week.
Notes:									1	

What do you do during the	e day now?					
Medical Alerts (circle all the Deaf/Hearing Impairment Recent Surgery Other:	Asthma Diabetes	Chronic Physical Illness New Psychiatric Medication Epilepsy/Seizure Disorder	Severe Allergic Reactions Blind/Visual Impairment Hypertension			
Alert Memo:						
Medical & Psychiatric Con	<u>ntacts</u>					
Psychiatrist:		Agency:	Phone:			
Address:						
How long have you been see	eing this psycl	hiatrist?				
Therapist:		Agency:	Phone:			
Address:						
How long have you been see	eing this thera	pist?				
Primary Care MD:		Agency:	Phone:			
Address:						
Clinic:			Phone:			
Emergency Contacts						
		Ph				
		Ph				
Medical Insurance (indicat	e applicable i	nsurance and provide the policy nun	nber)			
Medicare:Family pays:	are: Vetera y pays: Worke		Insurance: 's Benefits: 's Compensation:			

Date of Last Physical Exam:_____ Date of Last Dental Exam:____

Medications (please list all medication)					
Psychiatric Hospitalizations	# of Hospitalizations:				
Please list all hospitalizations beginni Indicate name of hospital & dates:	ing with the first. Be sure to indicate th	ne most recent.			
1).	6).				
2).	7).				
3).	8).				
4).	9).				
5).	10).				
Please indicate precipitants to these h	ospitalizations:				
r					
		NY/A *C			
Substance Abuse History	Please answer <u>all</u> questions. Indicate		_		
	-	N/A if not applicabl Alcohol YES NO	<u>Drugs</u>	NO	
Do you have a history of alcohol or def If Yes, have you ever been in treatme	drug abuse? ent for an alcohol or drug problem?	Alcohol YES NO YES NO	Drugs YES YES	NO	
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Do you have a history of alcohol or def Yes, have you ever been in treatme Are you currently in treatment or in a	drug abuse? ent for an alcohol or drug problem? a support group?	Alcohol YES NO YES NO	Drugs YES YES	NO	
Do you have a history of alcohol or diff Yes, have you ever been in treatme Are you currently in treatment or in a How long have you been clean and so	drug abuse? ent for an alcohol or drug problem? a support group?	Alcohol YES NO YES NO YES NO	Drugs YES YES YES	NO NO	
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Do you have a history of alcohol or def Yes, have you ever been in treatmed Are you currently in treatment or in a How long have you been clean and so f an alcohol or substance abuse history. Legal History Have you ever been in jail? Have you ever been in prison? Have you ever been convicted of a minute of the prison?	ent for an alcohol or drug problem? a support group? ber?months ory exists, please elaborate. Be sure to in the sure to in the sure answer all questions. Indicate in the sure to in the sure to in the sure answer all questions. Indicate in the sure to in the sure answer all questions. Indicate in the sure to in the sure answer all questions. Indicate in the sure answer all questions.	Alcohol YES NO YES NO YES NO YES NO Include treatment info N/A if not applicabl NO NO NO	Drugs YES YES YES YES	NO NO	
Do you have a history of alcohol or def Yes, have you ever been in treatme Are you currently in treatment or in a How long have you been clean and so f an alcohol or substance abuse history Legal History Have you ever been in jail? Have you ever been in prison? Have you ever been convicted of a mill have you had any arrests for felonies.	Please answer all questions. Indicate I YES YES isdemeanor? YES YES YES YES YES YES	Alcohol YES NO YES NO YES NO YES NO Include treatment interpretable N/A if not applicable NO NO NO NO NO	Drugs YES YES YES YES	NO NO	
Do you have a history of alcohol or different Yes, have you ever been in treatmether are you currently in treatment or in a How long have you been clean and so if an alcohol or substance abuse history. Legal History Have you ever been in jail? Have you ever been in prison? Have you ever been convicted of a mid-have you had any arrests for felonies. Have you ever physically injured another the prison of the prison	Please answer all questions. Indicate I YES YES A Sisdemeanor? YES YES A Sisdemeanor? YES YES YES YES YES YES YES YE	Alcohol YES NO YES NO YES NO YES NO Include treatment interest int	Drugs YES YES YES YES	NO NO	
Do you have a history of alcohol or def Yes, have you ever been in treatme. Are you currently in treatment or in a How long have you been clean and so if an alcohol or substance abuse history. Legal History Have you ever been in jail? Have you ever been in prison? Have you ever been convicted of a mid-have you had any arrests for felonies.	Please answer all questions. Indicate I YES YES A Sisdemeanor? YES YES A Sisdemeanor? YES YES YES YES YES YES YES YE	Alcohol YES NO YES NO YES NO YES NO Include treatment interpretable N/A if not applicable NO NO NO NO NO	Drugs YES YES YES YES	NO NO	

It is very important that all components of this application are absolutely complete. Any missing or incomplete components will, unfortunately, delay the application process.

We would like all prospective members to complete this application with the person recommending them. There are spaces for signatures on the back of the application. To avoid any delays, be sure the application is signed by both the prospective member and the referral source.

Please contact the Intake Office at (785) 232-6960 if you have any questions.

Thank you for applying to Breakthrough House.

Did you remember to include:

- 1). a current and detailed psychosocial history
- 2). a current psychiatric assessment

	Date:
Prospective Member Signature	
	Date:
Referral Source (if any) Signature	

(if any) Sigi