



## Membership Application

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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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Place of birth: \_\_\_\_\_

**Is someone recommending you for membership?**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
Phone: \_\_\_\_\_ Type of Agency: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

**Why would Breakthrough House be a good place for you?:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Address**

Street: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ County: \_\_\_\_\_  
How long have you resided here? \_\_\_\_\_

**Current Housing Type** (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:                  |

**Current Housing Status** (circle all that apply)

- 1). Alone
- 2). With Room/ Housemate(s)
- 3). With Spouse/ Partner
- 4). With Parents
- 5). With Other Adult Relative
- 6). With Minor Child(ren)
- 7). Institutional Setting

**Satisfaction with Housing** (circle one)

- 1). Very Satisfied
- 2). Somewhat Satisfied
- 3). Neutral
- 4). Somewhat Unsatisfied
- 5). Very Unsatisfied

**Income** (circle all that apply & enter monthly amounts)

SSI: \$ _____	Family Support: \$ _____	Veteran's Benefits: \$ _____
SSDI: \$ _____	Friend Support: \$ _____	Public Assistance: \$ _____
Wages: \$ _____	Retirement Benefits: \$ _____	Other: _____
		Total Income: \$ _____





**Medications** (please list all medications with respective dosage)

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**Psychiatric Hospitalizations**

Total # of Hospitalizations: \_\_\_\_\_

Please list all hospitalizations beginning with the first. Be sure to indicate the most recent.  
Indicate name of hospital & dates:

- |     |      |
|-----|------|
| 1). | 6).  |
| 2). | 7).  |
| 3). | 8).  |
| 4). | 9).  |
| 5). | 10). |

Please indicate precipitants to these hospitalizations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Substance Abuse History**

Please answer all questions. Indicate N/A if not applicable.

	<u>Alcohol</u>		<u>Drugs</u>	
Do you have a history of alcohol or drug abuse?	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
If Yes, have you ever been in treatment for an alcohol or drug problem?	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
Are you currently in treatment or in a support group?	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>

How long have you been clean and sober? \_\_\_\_\_ months

If an alcohol or substance abuse history exists, please elaborate. Be sure to include treatment information:

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**Legal History**

Please answer all questions. Indicate N/A if not applicable.

Have you ever been in jail?	<b>YES</b>	<b>NO</b>
Have you ever been in prison?	<b>YES</b>	<b>NO</b>
Have you ever been convicted of a misdemeanor?	<b>YES</b>	<b>NO</b>
Have you had any arrests for felonies?	<b>YES</b>	<b>NO</b>
Have you ever physically injured another person?	<b>YES</b>	<b>NO</b>
Do you have any history of violent behavior?	<b>YES</b>	<b>NO</b>
Are you a registered sex offender?	<b>YES</b>	<b>NO</b>

If any of the above were answered "YES", indicate **dates, behaviors, precipitants, legal actions**, etc.

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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

\_\_\_\_\_  
Prospective Member Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Referral Source (if any) Signature

Date: \_\_\_\_\_