



Dear Prospective Member:

Thank you for your interest in becoming a member of Breakthrough House Clubhouse.

Application for Services: Prospective member completes

Please return the application packet to **Leo Hope:**

Address: **Breakthrough House Clubhouse
1201 SW Van Buren Street
Topeka, KS 66612**

Fax: **(785) 232-6987**

Once we have received the Application for Services and diagnostic confirmation from your health provider, we will assess your eligibility for membership. If you are eligible, we will call to set up a time for orientation. If you are not eligible, we will mail a letter explaining why. If your address or phone number changes, please let us know so we can maintain contact with you.

If you have any questions, please call **Leo Hope at (785) 232-6960** or email **lhope@breakthroughhouse.org**

BREAKTHROUGH HOUSE

Application for Services

Name: _____
 First Last MI Maiden (if applicable)

Address: _____ City: _____

Zip Code: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Date of Birth: _____ Race: _____ Marital Status: _____

I identify my gender as:

Woman Man other _____ (Fill in the blank)

REFERRAL SOURCE (Circle one):

- Alcohol/Drug Program Breakthrough House Website Valeo Behavioral Health Care
- Facebook/Twitter Vocational Rehabilitation Services VA
- Family/Friend Self Private Doctor/Therapist
- Other _____

Referral Name: _____ Phone: (____) _____

Address: _____ Zip Code: _____

REASON FOR REFERRAL

What support services are you interested in? Mark all that apply:

- Employment Wellness Education Social Activities
- Payee Services Housing

EMPLOYMENT

Are you currently working? Yes No
Are you currently receiving Vocational Rehabilitation Services? Yes No
If yes, who is your VR Counselor? _____
Are you currently receiving employment services through another agency?
Yes No If yes, where? _____

EDUCATION

Please list your last grade completed: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact/Relative: _____ Relationship: _____
Address: _____ City: _____
Zip Code: _____ Phone: () _____
Cell Phone: _____ Email: _____

Do you have a Legal Guardian? Yes No
Name: _____ Relationship: _____
Address: _____ City: _____
Zip Code: _____ Phone: () _____
Cell Phone: _____ Email: _____

Do you have a Case Manager? Yes No
Name: _____
Agency: _____ Phone: _____
Cell Phone: _____ Email: _____

PHYSICAL/MENTAL HEALTH

Do you smoke? Yes No are you interested in quitting? Yes No
Do you receive? Medicaid Medicare MediKan
Monthly Income: _____

List any medical/physical health problems: _____

Physician: _____
Psychiatrist/Agency: _____
Therapist/Agency: _____

LEGAL

Do you have any legal problems or past convictions? Yes No
If yes, please explain: _____

Probation/Parole Officer: _____ Phone: _____

BREAKTHROUGH HOUSE CLUBHOUSE

Dear Prospective Member:

This is the part of the application process that your Psychiatrist or Therapist or Family Doctor needs to complete and return to us.

- Breakthrough Eligibility Determination Form

Physical address: **Breakthrough House Clubhouse**
 1201 SW Van Buren St.
 Topeka, KS 66612

If you have any question, please feel free to call **Leo Hope at (785) 232-6960**, or email **lhope@breakthroughhouse.org**

Breakthrough House Clubhouse
Eligibility Determination Form
(to be completed by Psychiatrist, Therapist, or Family Doctor)

Applicant Name _____

Date _____

Phone _____ DOB _____ Social Security # _____

DSM-5 code and Diagnosis:

Code _____
Code _____
Code _____
Code _____

4. Please review each of the following and check any that apply.

- | | |
|---|--|
| <input type="checkbox"/> History of violent behavior | <input type="checkbox"/> Person felony conviction |
| <input type="checkbox"/> Arrested for physical violence toward others | <input type="checkbox"/> Verbal harassment of others |
| <input type="checkbox"/> Anger outbursts | <input type="checkbox"/> Destruction of property |
| <input type="checkbox"/> Stalking behavior | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> None | |

Name of Physician/Therapist (please print): _____

Agency/Office Name

Phone