

Breakthrough House

Supporting Mental Health Recovery

1201 SW Van Buren St -- Topeka KS 66612 -- Phone (785)232-6960

Dear Prospective Member of the Breakthrough House Clubhouse,

We are excited you are interested in becoming a member of the Breakthrough House Clubhouse. Attached is the membership referral form and it must be signed by a mental health professional who can verify your mental health diagnosis as identified on the form. The completed form can be sent via email to mkemper@breakthroughhouse.org or delivered in person at the address noted below.

Once your referral has been received it will be processed by our Administration Unit. After the referral has been process a member of the Administration Unit will reach out to you and schedule a time to complete an orientation to the Clubhouse. You will be invited to spend a day with us here and learn about the model. You will then have the opportunity to decide if you would like to become a member of the Clubhouse. We are hopeful you will find the model empowering and one that you want to be a part of, you are needed and wanted at the Breakthrough House Clubhouse and we can't wait to have you join us.

Please be sure you keep your contact information current so we can be sure to reach you. If you have any questions please feel free to reach out to the Clubhouse at 785-232-6960.

**Molly Kemper, LMSW
Clubhouse Director
Breakthrough House Clubhouse**



1201 SW Van Buren
Topeka, KS 66612
785-232-6960
mkemper@breakthroughhouse.org

Breakthrough House Clubhouse

Referral Form / Please Print

To be completed and signed by prospective member and professional provider who has access and knowledge of the member's psychiatric records.

New Member Data:

Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: ____/____/____

Preferred Pronoun: _____

Referral Source

Name: _____

Agency: _____

Address: _____

Telephone: _____

Prospective Members Identified
Areas of Support:

- Housing
- Employment
- Education
- Wellness
- Socialization

NOTE: Please encourage the prospective member call Breakthrough House Clubhouse to schedule a tour. After completion of a tour, the referred member can sign-up for new member orientation. If the prospective member fails to initiate communication with Breakthrough House Clubhouse, this referral form will be kept in an inactive file for six month.

Please Print:

Name of Prospective Member: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Medications: _____

Present/Previous Treatment Programs for Mental Health: _____

Substance Abuse History and Treatment Programs: _____

Medical Restrictions: _____

Is the prospective member a risk to others? If so, please explain: _____

Is the prospective member currently on probation/parole? If so, why? _____

Other Members of the treatment team?

Case Manager: _____ Agency: _____ Phone: _____

PCP: _____ Agency: _____ Phone: _____

Psychiatrist: _____ Agency: _____ Phone: _____

Therapist: _____ Agency: _____ Phone: _____

Signature of Referral Source: _____ Date: _____

For Breakthrough House Clubhouse Use:
Date received: _____
Created new member folder: