



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: _____ - _____ - _____ 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 HousingType (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: \$ _____

What do you do during the day now?

Medical Alerts (circle all that apply)

Deaf/Hearing Impairment Asthma
Recent Surgery Diabetes
Other: _____

Chronic Physical Illness
New Psychiatric Medication
Epilepsy/Seizure Disorder

Severe Allergic Reactions
Blind/Visual Impairment
Hypertension

Alert Memo: _____

Medical & Psychiatric Contacts

Psychiatrist: _____ Agency: _____ Phone: _____
Address: _____
How long have you been seeing this psychiatrist? _____

Therapist: _____ Agency: _____ Phone: _____
Address: _____
How long have you been seeing this therapist? _____

Primary Care MD: _____ Agency: _____ Phone: _____
Address: _____

Clinic: _____ Phone: _____

Emergency Contacts

Primary: _____ Phone: _____
Relationship: _____
Secondary: _____ Phone: _____
Relationship: _____

Medical Insurance (indicate applicable insurance and provide the policy number)

Medicaid: _____ Private Insurance: _____
Medicare: _____ Veteran's Benefits: _____
Family pays: _____ Worker's Compensation: _____
Self pay: _____ Other: _____

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

Medications (please list all medications with respective dosage)

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?	YES	NO	YES	NO
If Yes, have you ever been in treatment for an alcohol or drug problem?	YES	NO	YES	NO
Are you currently in treatment or in a support group?	YES	NO	YES	NO

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:

Legal History

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

Have you ever been in jail?	YES	NO
Have you ever been in prison?	YES	NO
Have you ever been convicted of a misdemeanor?	YES	NO
Have you had any arrests for felonies?	YES	NO
Have you ever physically injured another person?	YES	NO
Do you have any history of violent behavior?	YES	NO

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

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