

BREAKTHROUGH

Application for Services

Name: _____

FIRST

LAST

MI

MAIDEN (if applicable)

Address: _____ City: _____

Zip Code: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Email: _____

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

Sex: Male Female Other

Do you get (Circle all that apply): Medicaid Medicare Medikan Income _____

EMERGENCY CONTACT INFORMATION

Legal Guardian: _____ Relationship: _____ N/A: _____

Address: _____ City: _____

Zip Code: _____ Phone: (____) _____

Emergency Contact/Relative: _____ Relationship _____

Address: _____ City: _____

Zip Code: _____ Phone: (____) _____

Case manager? Yes No Name: _____

Agency: _____ Phone: _____

EDUCATION / EMPLOYMENT

Level of Education Completed _____

Are you currently working/where? _____

LEGAL

Do you have a payee/ conservator? If so, who? _____

Any legal problems or past convictions? Yes No If Yes, please explain:

Probation/Parole Officer: _____ Phone: _____

MEDICAL/PHYSICAL HEALTH (different from Mental Health)

List any medical/physical health problems: _____

List any medications: _____

REASON FOR REFERRAL

What support services are you interested in?

- Housing Evening Social Activities Wellness/Physical health
- Education Advocacy/Presentations Employment
- Money Management Interaction with others Supported Education

Signature

Date

Person (If not Self) Completing Form

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

Consumer Name _____ Date _____

Address _____ Zip Code _____

Phone _____ DOB _____ Social Security # _____

DSM-5 code and Diagnosis:

Code _____

Code _____

Code _____

Code _____

List Medications: _____

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

- History of violent behavior, person felony conviction, arrested for physical violence toward others,
- verbal harassment of others, anger outbursts, destruction of property, stalking behavior
- Other: _____
- None

Name of Physician/Therapist (please print): _____

Agency/Office Name

Phone