

RAILWAY CLUBHOUSE

1016 Grandview, Newton, KS 67114

FAX: (316) 269-3550 Phone: (316) 333-8198

Dear Prospective Member:

Thank you for your interest in becoming a member of the Railway Clubhouse. This is the application packet that must be completed.

Prospective member completes:

Application for Membership

Psychiatrist or Therapist or Family Doctor completes:

Railway Clubhouse Eligibility Determination Form

Please return the application to **David Kapten**:

at

david.kapten@railwayclubhouse.org

or

Fax: (316) 269-3550

or

Mailing address: P.O. Box 670, Wichita, Ks 67201

Once we have received the Application for Services and the Eligibility Determination form, we will assess your eligibility for membership. If you are eligible, we will call to set up a time for enrollment.

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 David Kapten at (316) 333-8198.

RAILWAY CLUBHOUSE

Application for Membership

Name: _____

FIRST

LAST

MI

MAIDEN (if applicable)

Address: _____ City: _____

Zip Code: _____ Home Phone: () _____

Cell Phone: () _____ Email: _____

Age: _____ Date of Birth: _____

Race: _____ Marital Status: _____ Gender: ☐ Male ☐ Female ☐ Non-Binary

REFERRAL SOURCE (Circle one): ☐ Alcohol/Drug Program ☐ Family/Friend ☐ VA

☐ Prairie View ☐ Facebook/Twitter ☐ Private Doctor/Therapist ☐ Breakthrough Website

☐ Self ☐ Other _____

Referral Name: _____ Phone: () _____

Address: _____ Zip Code: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact/Relative: _____ Relationship: _____

Address: _____ City: _____

Zip Code: _____ Phone: () _____

Cell Phone: _____ Email: _____

Case manager? Yes No Name: _____

Agency: _____ Phone: _____

Cell phone: _____ Email: _____

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

Address: _____ City: _____

Zip Code: _____ Phone: () _____

Cell Phone: _____ Email: _____

Applicant Signature

Date

Person (If not Self) Completing Form

Date

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Dear Provider

It is our intention to create an inviting, positive, and safe environment focused on supporting those who live with severe mental illness. We ask that you provide limited information to help us towards that goal.

The attached form needs to be completed by the applicant's Psychiatrist, Therapist or Family Doctor to determine eligibility for membership to the Railway Clubhouse. Once we receive the completed form, we will notify the applicant.

- Railway Clubhouse Eligibility Determination Form (Attached)

Please return the Eligibility Determination Form to **David Kapten**:

at

Fax: (316) 269-3550

or

Mailing address: P.O. Box 670, Wichita, Ks 67201

If you have any questions, please contact David Kapten at:

Phone (316) 333-8198

Or

Email: **david.kapten@railwayclubhouse.org**

Railway Clubhouse FAX: (316) 269-3550 Phone: (316) 333-8198
Eligibility Determination Form
(to be completed by Psychiatrist, Therapist, or Family Doctor)

Applicant Name _____

Address _____ Zip Code _____

Phone _____ DOB _____ Social Security # _____

DSM-5 code and Diagnosis:

Code _____

Code _____

Code _____

Code _____

1. ☐ Yes ☐ No Borderline Intellectual Functioning

2. ☐ Yes ☐ No Developmental Disability

3. ☐ Yes ☐ No Traumatic Brain Injury

If yes to #1, #2, or #3 what level of functioning: ☐ Needs 1:1 support ☐ Unable to tolerate noise/activity/commotion ☐ Anger outbursts in response to environment or interactions w/ others ☐ Does well in groups w/ minimal supervision ☐ Other: _____

4. 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 Psychiatrist/Therapist (please print)

Agency/Office Name

Name of Psychiatrist/Therapist (signature)

Phone

Date

Signature of Applicant or Legal Guardian (if applicable)

Date