

Send this application to:
Recovery Home Manager
Sinnissippi Centers
325 Illinois Route 2 Dixon, IL 61021
Phone (815) 284-6611 Fax (815) 284-6598
recoveryhome@sinnissippi.com

Personal Information:

Date: _____

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ SS# _____

Telephone Number: _____ Cell number: _____

Please describe your current living situation (your own apartment, Inpatient substance abuse treatment, Detox, with family, state operated psychiatric hospital): _____

Referral Source: Name: _____ Telephone Number: _____

May we contact your referral source? Yes No

Health Information:

Do you have medical benefits? Yes No

Medicaid ID # _____ Medicare ID# _____

Primary Care Doctor? _____ Who is your psychiatrist? _____

Do you currently receive services from Sinnissippi Centers or another provider? Yes No

Are you sober? Yes No (how long?) _____ Who is your case manager? _____

Please provide the following information: Current Substance Abuse or Mental Health assessment

Diagnosis? _____ Do you take medication? Yes No

If yes, what medications? _____

Do you have any medical conditions? Yes No; If yes, please explain on separate sheet and attach to this application

Income Information:

Employed? ___ Yes ___ No Where _____ Weekly Income\$ _____

Do you have income? ___ Yes ___ No Do you receive benefits? ___ Yes ___ No

SSI \$ _____ SSDI \$ _____ Other (TANF, SNAP) \$ _____

Background Information:

Have you been convicted of a felony? ___ Yes ___ No If yes, what year? _____

Have you been arrested or convicted of a crime sexual or violent nature? ___ Yes ___ No

If yes, describe the charge(s) of which you were convicted: _____

Are you a sex offender? ___ Yes ___ No

Are on the sex offender’s registry? ___ Yes ___ No If yes, what year? _____

Are you currently on parole? ___ Yes ___ No

Are you currently on Probation? ___ Yes ___ No

Are you a Drug Court participant? ___ Yes ___ No If yes what County? _____

Probation/parole officer’s name and phone number: _____

Are you currently going to court for any charges? If yes, explain the charge:

Recovery Home Applicant Consent

I hereby consent to allow Sinnissippi Centers Inc., through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to my, criminal information, and eviction information for the purpose of determining my. I further understand while I am a Sinnissippi Centers Inc., Recovery Home resident, I consent to allow Sinnissippi Centers Inc., and its designated agent/employee, for the duration of my stay, to review the following list of information to assess risk, for analytics, for process improvement, and other uses: my consumer reports, including but not limited to my criminal information, eviction information, my rental payment history, and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent or misleading information on an application may be grounds for denial of residency or subsequent eviction.

Print Name _____

Signature _____

Date _____