



Recovery Home

922 Washington Avenue, Dixon, IL 61021

Phone (815) 994-4129 Fax (815) 994-4154

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): _____

Referral Source: Name: _____ Telephone Number: _____

May we contact your referral source? ___ Yes ___ No

Are you part of Safe Passage? ___ Yes ___ No If yes what County? _____

Health Information: Please provide the following information:

Do you have health insurance? ___ Yes ___ No Medicaid RIN # _____

Primary Care Doctor? _____ Medical conditions? ___ Yes ___ No

(High Blood Pressure, Diabetes, etc.) _____

Do you take medication? ___ Yes ___ No If yes, what medications? _____

Current/Past client of Sinnissippi Centers? ___ Yes ___ No Case manager? _____

Substance Use Diagnosis? (Alcohol, Opioids, Methamphetamines etc.): _____

Mental Health Diagnosis: (Depression, Bipolar, PTSD, etc.): _____

Psychiatrist? _____ Do you take medication? ___ Yes ___ No If yes, what medications?



Income Information:

Employed? Yes No Where _____ Weekly Income\$ _____

Do you have other 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, describe? _____

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

Describe the charge(s) of which you were convicted and year: _____

Registered sex offender? Yes No (See notice below)

Are you currently on parole? Yes No 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 pending charges? If yes, explain the charge:

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 _____

Notice: Notice: Pursuant to the Sex Offender Registration Act codified under 730 ILCS 150/ and Prohibited Presence of Child Sex Offenders in Certain Places codified under 720 ILCS 5/11-9.3 **Due to the nature of the Recovery Home program, proximity to public parks, schools and community involvement in family oriented activities, registered sex offenders are excluded from this program. Registered Sex Offenders are not excluded from receiving substance abuse or mental health treatment at one of Sinnissippi Centers area offices**.