



Sinnissippi Center's Inc., Recovery Home

200 W Hawley Street, Amboy, IL 61310
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): _____

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 # _____

Managed Medicaid (Meridian, Illincare, etc)? _____

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

(High Blood Pressure, Diabetes, etc.) _____

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

Are you pregnant? ___ Yes ___ No If yes, who is your OB? _____

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:

Do you have children ____ Yes ____ No If yes, are they in your care? ____ Yes ____ No

If, yes where will they live if you are admitted into recovery home? _____

Are you involved with DCFS? ____ Yes ____ No If yes, who is your case worker? _____



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: 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**.