**Sinnissippi Center’s Inc., Recovery Home**

200 W Hawley Street, Amboy, IL 61310
Phone (815)284- 6611 **Fax (815) 534-2008**

**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: 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\*\*.