

Sinnissippi Centers, Inc.  
Supervised Living Program Application

**Personal Information:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Please describe your current living situation (your own apartment, intermediate care facility, with family, state operated psychiatric hospital): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Health Information:**

Do you currently receive services from Sinnissippi Centers? \_\_\_\_ Yes \_\_\_\_ No

If no, please provide the following information: Current Psychiatric evaluation, Medication history, Clinical Assessment/social history

If yes, who is your case manager? \_\_\_\_\_

Who is your psychiatrist? \_\_\_\_\_

What is the mental illness for which you receive psychiatric services?

\_\_\_\_\_

Do you take medication for your mental illness? \_\_\_\_ Yes \_\_\_\_ No

If yes, what medications and doses do you take?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical conditions? \_\_\_\_ Yes \_\_\_\_ No; If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Social Security Benefits Information:**

Do you receive either or both of these Social Security benefits?

\$ \_\_\_\_\_ SSI amount

\$ \_\_\_\_\_ SSDI amount

\$ \_\_\_\_\_ Other

Do you have a payee who manages this benefit for you? \_\_\_\_ Yes \_\_\_\_ No

If yes, who is your payee: \_\_\_\_\_

Do you have either or both of these medical benefits?

Medicaid ID # \_\_\_\_\_ Medicare ID# \_\_\_\_\_

**Goals & Life Skills:**

1.) What personal goals do you have for yourself?

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2.) What independent living skills can our program help you to learn or improve?

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**Background Information:**

Have you been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

If yes, what year? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Are you currently on parole? \_\_\_\_ Yes \_\_\_\_ No

Are you currently on Probation? \_\_\_\_ Yes \_\_\_\_ No

If yes, please state probation/parole officer's name and phone number:

\_\_\_\_\_  
\_\_\_\_\_

When will your probation/parole expire?

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Do you have a Firearm Owner's Identification Card (FOID) Card? \_\_\_\_ Yes \_\_\_\_ No

Have you been a recent victim of actual or threatened domestic violence, dating violence, sexual assault or stalking, or an "affiliated individual" of the victim (spouse, parent, brother, sister, or child of that victim)?  
\_\_\_\_ Yes \_\_\_\_ No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send this application to:** Ashley Siepka  
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