

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?

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

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:

Amy Gilroy
Residential Manager
Sinnissippi Centers, Inc.
555 Fairview Dr
Rochelle, IL 61068
Fax: 815-562-4481
Phone: 815-440-5754