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: 815-718-6589
Phone: 815-440-5754