Sinnissippi Center's Inc., Recovery Home
922 Washington Avenue, Dixon, IL 61021
Phone: (779) 861-8858 **Fax (815) 994-4154**
Recovery Home Manager (815) 631-9850
dixonrh@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 engaged with Sauk Valley Voices of Recovery (SVVOR)? ____Yes ____No

Health Information: Please provide the following information:

Do you have health insurance? ___Yes ___No Medicaid RIN #_____

Primary Care Doctor?_____ Medical conditions? ____Yes ____No

(High Blood Pressure, Diabetes, etc.)_____

Do you take medication? _____Yes ____No If yes, what medications? _____

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?

_____

SINNISSIPPI
CENTERS

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:

_____

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**.