# Women's Recovery Home Application

200 W Hawley Street, Amboy, IL 61310
Phone (815) 716-9026 Fax (815) 534-2008
Recovery Home Manager (815) 631-9850
amboyRH@sinnissipp.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, etc.): _____

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 #_____

Managed Medicaid (Meridian, Aetna, 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 consent to allow Sinnissippi Centers Inc. to obtain and verify my consumer reports, including but not limited to, criminal information, credit history and eviction information for the purpose of determining my eligibility. I attest that the information on this application is accurate to the best of my knowledge. False, fraudulent, or misleading information on an application may result in ineligibility for the Recovery Home Program.

Print Name _____ Signature _____

Date _____

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, the nature of the Recovery Home program, proximity to public parks, schools, and community involvement in family-oriented activities, people who must register as a sex offender cannot be included in this program. People who must register as a sex offender are not excluded from receiving substance abuse or mental health treatment at one of Sinnissippi Centers outpatient offices.