



rockford rescue mission  
rescue + recover + restore

# Women's Life Recovery Application

**Rockford Rescue Mission**

715 W. State Street

Rockford, IL 61102

815-965-5332

Fax: 888-244-8511

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

## IDENTIFICATION

Name:
(Last) (First) (MI)
Contact Number:
Alias/Nicknames:

DOB: Month Day Year
SSN: XXX-XX- (Last 4 ONLY)
DL: ___ Yes ___ No DL#:
State ID: ___ Yes ___ No
SS Card: ___ Yes ___ No Birth Certificate ___ Yes ___ No
US Citizen: ___ Yes ___ No Veteran: ___ Yes ___ No
Race: ___ African American ___ Multi-Racial ___ White ___ Asian ___ American Indian
Other: _____
Ethnicity: ___ Non-Hispanic ___ Hispanic
Military Branch:

## HOUSING

Homeless: ___ Yes ___ No How Long:
Reason:
Hometown: County:
Result of Domestic Violence: ___ Yes ___ No
How long in Winnebago County:
Number of times homeless:
Address (if not homeless)
Are you banned from any shelters: ___ Yes ___ No

<b>ID's VERIFIED BY:</b>
<b>BACKGROUND CHECK BY:</b>
<b>SEX OFFENDER CHECK BY:</b>
<b>DATE:</b> <span style="float: right;">Attach Results</span>

## RELATIONSHIPS

Marital Status: ___ Married ___ Divorced ___ Single ___ Widowed Partner's name:
Children: ___ Yes ___ No How many: Names & ages (list)
Who cares for your children:
How often do you see them: When did you last see them:
Emergency Contact: Name Phone Number: Relationship:

## FINANCIAL INFORMATION

Monthly Income: \$	Sources: ___ Unemployment	Amount \$
Rep Payee:	___ SSI/SSDI	Amount \$
Link Card: ___ Yes ___ No	___ Pension	Amount \$
Monthly Amount \$	___ Other	Amount \$
Debts: ___ Yes ___ No	List:	



## LEGAL ISSUES

Current Legal Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No	Charges:	Court Dates:
On Parole: <input type="checkbox"/> Yes <input type="checkbox"/> No	Termination Date:	Parole Agent:
Paroled to Rockford: <input type="checkbox"/> Yes <input type="checkbox"/> No	Paroled From:	
On Probation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Termination Date:	Probation Officer:
Type of Probation:		
Other Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No	List Previous Offenses, Sentences, Time Served, Where Served & Dates:	
<b>SEX OFFENDER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>ARSONIST:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

## EMPLOYMENT

<input type="checkbox"/> Employed	Where:
<input type="checkbox"/> Unemployed	When last employed:
Occupation/Skills:	

## EDUCATION

Last Grade Completed:	Year Completed:	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certificate
Degree:	Functional Reader: <input type="checkbox"/> Yes <input type="checkbox"/> No	Writer: <input type="checkbox"/> Yes <input type="checkbox"/> No

## TRANSPORTATION & CLOTHING

<input type="checkbox"/> Own Vehicle	<input type="checkbox"/> Bus	Vehicle Description:
<input type="checkbox"/> Walk	<input type="checkbox"/> Bicycle	License Plate Number:
<input type="checkbox"/> Other		Clothing Needs:

## SPIRITUAL CONDITION

<input type="checkbox"/> Christian <input type="checkbox"/> Other:	Describe your spiritual condition:
Relationship with Jesus Christ: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Church affiliation:	
What do you believe about God?	

# Essay Questions

1. Why I want to be in the Women's Life Recovery Program.

2. How/Where I learned about the Women's Life Recovery Program?

3. What I expect from Women's Life Recovery Program?

