

#### **Men's Life Recovery Application**

715 W. State Street Rockford, IL 61102 815-965-5332 Fax: 888-244-8511

Dotor	
Date:	

#### **IDENTIFICATION**

			DOB:	Month	Day	Year		
Name:			SSNI	XXX-XX-			(1.00)	t 4 ONLY)
(Last)	(First)	(MI)	55N.	~~~~~			(LdS	14 ONLT)
Contact Number:			DL:	Yes	_No DL#	:		
Alias/Nicknames:				ID: <u>      Yes</u> ard: <u>     Y</u> es		h Certificate	Yes	No
НО	USING					Veteran: Multi-F		_No
Homeless: <u>Yes</u> No	B How Long:				Asian	Americ		
Reason:				;ity: Nor			C	
Hometown:	County:		Militar	y Branch:				
Result of Domestic Violence	e:YesN	lo						
How long in Winnebago Co	ounty:		ID's '	VERIFIED B	Y:			
Number of times homeless Address (if not homeless)	:		BAC	KGROUND	CHECK BY	:		
			SEX	OFFENDER	CHECK BY	<b>(</b> :		
Are you banned from any s	helters:Yes	No	DATI	Ξ:			Attach Result	S

#### **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 se	see them: When did you last see them:					
Emergency Contact	: Name	Phone Number: Relationship:				

#### **FINANCIAL INFORMATION** Sources: \_\_\_\_Unemployment Amount \$ Monthly Income: \$ Rep Payee: SSI/SSDI Amount \$ Link Card: Yes \_\_\_No Pension Amount \$ Monthly Amount \$ Other Amount \$ List: Debts: No Yes

## HEALTH

General HealthGoodPoor	Medical Card:YesNo Insurance:YesNo
Current Health Problem:YesNo	Diagnosis:
Doctor's Name:	Scheduled Appointments: (list)
Provider Name:	Date of Last Physical:
Prescriptions:YesNo	List Current Medications:
List Chronic Illnesses:	

#### **MENTAL HEALTH**

Mental Health Issues:	Yes	_No	Diagnosis:
Past Treatment:	Yes	_No	Diagnosis:
Current Treatment:	Yes	_No	Describe:
Taking Mental Health Meds:	Yes	No	List Medications:
Using as Prescribed:	Yes _	No	
Mental Health Provider:			Appointments: (list)
Diagnosed Mental Disability:	Yes _	No	Diagnosis:
Family History Mental Health Is	ssues:	/esNo	Describe:

## **ADDICTIONS**

Date Last used Alcohol:			What Type:			
Date Last used Drugs:			What Type:			
Drug of Choice:			List Other Drugs Used:			
Frequency of Use:						
Deat Treatment or Datay	Veo N	•	List Disess and Approv	rimete Detec		
Past Treatment or Detox:	resN	0	List Places and Approx	amate Dates:		
How Many Times:						
Attending AA:	Yes N	0	How Often:	AA Sponsor: _	Yes	No
Ŭ						
Other Support Group:	YesN	C	Where:	How often:		

#### **LEGAL ISSUES**

Current Legal Issues:	Yes N	0	Charges:	Court Dates:
		•	enal geel	
On Parole:	Vaa		Termination Date:	Barala Agapt:
	_YesI	No	remination Date.	Parole Agent:
Paroled to Rockford:			Paroled From:	
	_YesN			
On Probation:	Yes I	No	Termination Date:	Probation Officer:
Type of Probation:				
Other Criminal History:	Ves	No	List Previous Offenses, Sentences, Tim	e Served Where Served & Dates
SEV OFFENDED.	Mar I	NT.		
SEX OFFENDER:	_YesI	NO		
ARSONIST:	Yes	No		

#### **EMPLOYMENT**

Employed	Where:
Unemployed	When last employed:
Occupation/Skills:	

### **EDUCATION**

Last Grade Completed:	Year Completed:	Diploma	GED	) Cer	tificate	
Degree:	Functional Reader:	YesNo	/	Writer:	_Yes	_No

#### **TRANSPORTATION & CLOTHING**

Own Vehicle	Bus	Vehicle Description:
Walk	Bicycle	License Plate Number:
Other		Clothing Needs:

#### **SPIRITUAL CONDITION**

Christian	_Other:				Describe your spiritual condition:
Relationship with Jesus	Christ:	_Yes	_No	Don't Know	
Church affiliation:					
What do you believe abo	out God?				

# **Essay Questions**

1. Why I want to be in the Men's Life Recovery Program.
2. How/Where I learned about the Men's Life Recovery Program?
3. What I expect from Men's Life Recovery Program?

4. What kind of person am I and how I feel about myself?
5. How did I get where I am in my life?

I, (print) \_\_\_\_\_\_, do hereby certify that the above information is true and accurate to the best of my ability. I understand false information may be cause for my immediate dismissal from the program.

Signature	Date
Witness	Date