

Women's Life Recovery Application

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

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IDENTIFICATION

			DOB: Month Day	v Year	
Name:					
(Last)	(First)	(MI)	SSN: XXX-XX-		(Last 4 ONLY)
Contact Number:			DL: <u>Yes</u> No	DL#:	
			State ID: Yes	No	
Alias/Nicknames:			SS Card:YesN	-	YesNo
HOU	JSING		US Citizen:Yes		
Homeless:YesNo	How Long:		Race: African Ame White Other:	Asian Ameri	can Indian
Reason:			Ethnicity: Non-Hisp		
Hometown:	County:		Military Branch:		
Result of Domestic Violence	:YesN	No			
How long in Winnebago Cou	inty:		ID's VERIFIED BY:		
Number of times homeless: Address (if not homeless)			BACKGROUND CHEC	K BY:	
			SEX OFFENDER CHE	CK BY:	
Are you banned from any sh	elters:Yes	No	DATE:		Attach Results

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 s	ee them:		Whe	en did you last se	ee them:	
Emergency Contact	: Name		Pho	one Number:	Relatio	nship:

FINANCIAL INFORMATION

Monthly Income: \$	Sources:Unemployment	Amount \$
Rep Payee:	SSI/SSDI	Amount \$
Link Card:YesNo	Pension	Amount \$
Monthly Amount \$	Other	Amount \$
Debts:YesNo	List:	

HEALTH

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

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:Y	′esNo	Describe:

ADDICTIONS

Date Last used Alcohol:		What Type:			
Date Last used Drugs:		What Type:			
Drug of Choice:		List Other Drugs	s Used:		
Frequency of Use:					
Past Treatment or Detox:	YesNo	List Places and	Approximate Dates:		
How Many Times:					
Attending AA:	YesNo	How Often:	AA Sponsor:	Yes _	No
Other Support Group:	YesNo	Where:	How often:		

LEGAL ISSUES

Current Legal Issues:YesNo	Charges:	Court Dates:
On Parole:YesNo	Termination Date:	Parole Agent:
Paroled to Rockford:YesNo	Paroled From:	
On Probation:YesNo	Termination Date:	Probation Officer:
Type of Probation:		
Other Criminal History:YesNo	List Previous Offenses, Sentences, Ti	me Served, Where Served & Dates:
SEX OFFENDER:YesNo		
ARSONIST:YesNo		

EMPLOYMENT

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

EDUCATION

Last Grade Completed:	Year Completed:	Diploma	GED	Certificate	
Degree:	Functional Reader:	Yes <u>No</u>	/ W	/riter: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 Jes	sus Christ:	_Yes	_No	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?

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