Women's Life Recovery Application

Stage One Recovery – Rockford Resce Mission Ministries

Rockford Rescue Mission
715 W. State Street
Rockford, IL 61102
815-316-4163
Fax: 815-968-1213

Date: ____________________

IDENTIFICATION

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

DOB: Month Day 19	
SSN: XXX-XX- (Last 4 ONLY)	
DL: ___Yes ___No #	
State ID: ___Yes ___No	
SS Card? ___Yes ___No	Birth Cert. ___ Yes ___ No
US Citizen? ___Yes ___No	Veteran? ___Yes ___No
Race: ___ African American ___ Multi Cultural ___ Caucasian ___India ___ Asian ___ Indian American ___ Other: _____________	
Ethnicity: ___ Non Hispanic ___ Hispanic	
Military Branch:	

HOUSING

Homeless? ___Yes ___No	How Long?
Reason?	
Hometown?	County?
Is it a 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	

ID's VERIFIED BY:	
BACKGROUND CHECK BY:	
SEX OFFENDER CHECK BY:	
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 see them?	When did you last see them?	
Emerg. Contact: Name	Phone Number	Relationship

FINANCIAL

Monthly Income: $	Sources: ____Unemployment	Amount $
Rep Payee:	____SSI/SSDI	Amount $
Link Card? ___Yes ___No Monthly Amount $	____Pension	Amount $
	____Other	Amount $
Debts? ___Yes ___No	List:	

For Office Use: Name: ______________________ Date: ______________

Case Manager: ______________________ Extension # __________ Dept. __________

HEALTH

General Health ___Good ___Poor	Medical Card ___Yes ___No Insurance ___Yes ___No
Current Problem?	Describe:
Doctor Name:	Scheduled Appointments? (list)
Provider Name:	Are you pregnant? ___Yes ___No
Prescription Meds? ___Yes ___No Date of Last Physical:	List Meds:
Please circle any chronic illnesses that you have: STI/PID Eye Disease Coronary Artery Disease Emphysema Thyroid disease Ulcers Parkinson's Disease Stroke Migraine Headaches Gout Abnormal Pap CHF Menstrual Irregularity COPD	Asthma Sickle Cell Disease Cardiac Failure Diabetes Epilepsy/Seizure Disorder Glaucoma HIV/AIDS Pulmonary Disorder Crohn's Disease Lupus High Blood Pressure Cirrhosis Bronchitis Multiple Sclerosis Pneumonia Allergies Rheumatoid Arthritis Osteoarthritis Sleep Apnea Ulcerative Colitis Kidney Disease Tuberculosis Hepatitis GRAVIDA/PARA Cancer: (specify) ______________ Surgeries:

MENTAL HEALTH

Mental Health Issues? ___Yes ___No	Diagnosis:	Please circle any chronic illnesses that you have: Depression PTSD Anxiety Schizophrenia Bipolar Other:
Past Treatment? ___Yes ___No	Diagnosis:	
Current Treatment? ___Yes ___No	Describe:	
Taking Mental Health Meds? ___Yes ___No Using as Prescribed? ___Yes ___No	List Meds:	
MHP Name:	Appointments? (list)	
Diagnosed Mental Disability? ___Yes ___No	Diagnosis:	
Family History of Mental Health Issues?	Describe:	

ADDICTIONS

Date Last used Alcohol:	What?
Date Last used Drugs:	What?
Drug of Choice: Frequency of Use?	List other Drugs Used:
Past Treatment or Detox? ___Yes ___No How Many Times?	List Places and Approximate Dates
Attend AA? ___Yes ___No	How Often? AA Sponsor? ___Yes ___No
Other Support Group? ___Yes ___No	Where? How often?

LEGAL ISSUES

Winnebago County Offender ___Yes ___No Master ID #:	Charges?	Court Dates:
Current Legal Issues? ___Yes ___No	Termination Date: Paroled From:	Parole Agent:
On Parole? ___Yes ___No Paroled to Rockford? ___Yes ___No	Termination Date:	Prob. Officer:
On Probation? ___Yes ___No Type of Prob.?	List Previous Offenses, Sentence, Time Served, Where Served & Dates:	
Other Criminal History? ___Yes ___No		
SEX OFFENDER? ___Yes ___No		
ARSONIST? ___Yes ___No		

EMPLOYMENT

_____Employed _____Unemployed	Where? When last employed?
Occupation/Skills:	

EDUCATION

Last Grade Completed:	Year Completed:	___Diploma ___GED ___ Certificate
Degree:	Functional Reader? ___Yes ___No / Writer? ___Yes ___No	

TRANSPORTATION & CLOTHING

_____Own Vehicle _____Bus _____Walk _____Bicycle _____Other	Vehicle Description: License Plate Number:
	CLOTHING NEEDS:

SPIRITUAL CONDITION

_____Christian _____Other:	Describe your spiritual condition:
Relationship with Jesus Christ ___Yes ___No ___Don't Know	
What do you believe about God?	
Church affiliation:	

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 ____________________

Essay Questions

Question #1 **Name:**

Why I want to be in the Women's Life Recovery Program?
How/Where I learned about the Women's Life Recovery Program:

Question #2

What do I expect it to be like in Women's Life Recovery Program?

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Question #3 **Name:**

What kind of person am I and how I feel about myself?

Question #4

How did I get where I am in my life?