



INDEPENDENCE CENTER

Pre-Membership Application

OUR VISION is to provide adults with mental disabilities who seek the opportunity to be productive members of society the tools they need to achieve their goals in independence.

To that end, the Independence Center endeavors to provide quality rehabilitative programs, vocational training, and other support services that allow for reintegration into full social functioning, serving effected individuals and their community. It is our goal to develop a skilled, dedicated work force that embodies a strong ethic and harnesses positive momentum in order to achieve a lifestyle shift, and in turn, greatness in independence.

To be referred for membership the referral application must be completed and signed.

Referrals from other community agencies require a current, detailed psychosocial history, a current psychiatric assessment, and a signed release.

Considerations for membership for every applicant will include:

1. Is the applicant at least 18 years of age?
2. Does the applicant have a primary presenting problem due to with persistent mental illness?
3. Is the applicant interested in attending and be an active part of Independence Center?
4. Is the applicant able to get to the Independence Center regularly?
5. Does the applicant pose a threat to the Independence Center's community?
6. If the applicant has a history of substance abuse, is (s)he sober or able to maintain sobriety at the Independence Center and on any of the Independence Center's sponsored community activities?

If you have any questions or need assistance please call and ask to speak to:

Christen Moore – Receptionist – (847) 360-1020 Ext. 1021 – cmoore@icwaukegan.org

Applications can be forwarded to Intake and Screening via fax or direct mail:

Independence Center
2025 Washington Street
Waukegan, IL 60085

Fax: (847)360-1065

Prospective Member

First: _____ MI: _____ Last: _____

DOB: ____/____/____ SSN: _____ - _____ - _____ Place of Birth: _____

Who is recommending you?

Name: _____ Agency: _____

Phone: _____ Type of Agency: _____

How long have you known this person? _____

Why would Independence Center be a good place for you? _____

Address

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: _____ County: _____

How long have you resided here?: _____

Current Housing Type (circle one)

- | | |
|--|---|
| 1. Own Home/Apartment (Non-subsidized) | 8. Supervised Housing (Part-time Supervision) |
| 2. Home of family member | 9. Foster Care |
| 3. Rooming/Boarding House, Hotel | 10. Psychiatric Hospital |
| 4. SRO (Temporary) | 11. Nursing Home |
| 5. Supported Apt. (Subsidized) | 12. Prison/Jail |
| 6. 24-Hr. Supervised Housing | 13. Shelter |
| 7. Supportive Apartment | 14. Homeless/Undomiciled |
| | 15. Other, please elaborate |

Current Housing Status (circle all that apply)

1. Alone
2. With Room/House Mate
3. With Spouse/Partner
4. With Parents
5. With Other Adult Relative
6. With Minor Child(ren)
7. Institutional Setting

Satisfaction with Housing (circle one)

1. Satisfied
2. Somewhat Satisfied
3. Neutral
4. Somewhat Unsatisfied
5. Very Unsatisfied

Income: (circle all that apply and enter monthly amounts)

SSI: \$ _____ Family Support \$ _____ Veteran's Benefits \$ _____
SSDI \$ _____ Friend Support \$ _____ Public Assistance \$ _____
Wages \$ _____ Retirement Benefits \$ _____ Other: \$ _____
Total Income \$ _____

Ethnicity (circle all that apply)

African American
Asian/Chinese/Japanese/Korean
Latino/Hispanic/Cuban/Mexican/Puerto Rican
Caucasian
Other: _____
American Indian/Native American
Middle Eastern
Pacific Islander
Caribbean/Haitian/Jamaican

Primary Language If other than English, _____

Marital Status (circle one) Married Permanent Partner Separated Divorced
Widowed Single, Never Married Annulled

Veteran Status Are you a veteran? **YES** **NO**

Education Level (circle all that apply)

Less than High School Some High School GED High School Diploma
Trade School Some College Junior College Associates Degree
Bachelor's Degree Some Graduate Work Master's Degree
Advanced Graduate Degree

School Attended	Years	Major	Did you graduate?

Employment History

Have you ever worked for pay? **YES** **NO**
Have you worked in the last 12 months? **YES** **NO**
Estimated TOTAL YEARS you have worked for pay: _____
Estimated TOTAL NUMBER OF JOBS worked for pay: _____

Please List All Employment. Be sure to include the most recent and longest job:

Dates	Employer	Title/Type of Work	Hourly Wage & Hours per week

Dates	Employer	Title/Type of Work	Hourly Wage & Hours per week
Notes:			

What do you do during the day now?: _____

Medical Alerts (circle all that apply)

Chronic Physical Illness Severe Allergies Deaf/Hearing Impairment Diabetes
Asthma New Psychiatric Medication Blind/Visual Impairment Recent Surgery
Epilepsy/Seizures Hypertension
Other: _____

Alert Memo: _____

Medical & Psychiatric Contacts

Psychiatrist: _____ Agency: _____ Phone: _____

Address: _____

How long have you been seeing this psychiatrist? _____

Therapist: _____ Agency: _____ Phone: _____

Address: _____

How long have you been seeing this therapist? _____

Primary Care MD: _____ Agency: _____ Phone: _____

Address: _____

Clinic _____ Phone: _____

Emergency Contacts

Primary: _____ Phone: _____

Relationship: _____

Secondary: _____ Phone: _____

Relationship: _____

Medical Insurance (indicate applicable insurance and provide the policy number)

Medicaid: _____ Private Insurance: _____
Medicare: _____ Veteran's Benefits: _____
Family pays: _____ Worker's Compensation: _____
Self pay: _____ Other: _____

Date of Last Physical Exam: _____ Date of Last Dental Exam _____

Medications (please list all medications with respective dosage)

Psychiatric Hospitalizations

Total # of Hospitalizations: _____

Please list all hospitalizations beginning with the first. Be sure to indicate the most recent. Indicate name of hospital and dates:

- | | |
|-----|------|
| 1). | 6). |
| 2). | 7). |
| 3). | 8). |
| 4). | 9). |
| 5). | 10). |

Please indicate precipitants to these hospitalizations: _____

Substance Abuse History

Please answer all questions. Indicate N/A if not applicable

	<u>Alcohol</u>		<u>Drugs</u>	
Do you have a history of alcohol or drug abuse?	YES	NO	YES	NO
If Yes have you ever been in treatment for an alcohol or drug problem?	YES	NO	YES	NO
Are you currently in treatment or in a Support group?	YES	NO	YES	NO

How long have you been clean and sober? _____.

If an alcohol or substance abuse history exists, please elaborate. Be sure to include treatment information: _____

Legal History

Please answer all questions. Indicate N/A if not applicable.

Have you ever been in jail	YES	NO
Have you ever been in prison?	YES	NO
Have you ever been convicted of a misdemeanor?	YES	NO
Have you had any arrests for felonies?	YES	NO
Have you ever physically injured another person?	YES	NO
Do you have any history of violent behavior?	YES	NO

If any of the above questions were answered “**YES**”, indicate dates, behaviors, precipitants, legal actions, etc.

It is very important that all components of this application are absolutely complete. Any missing or incomplete components will, unfortunately, delay the application process.

We would like all prospective members to complete this application with the person recommending or referring them. There are spaces for signatures at the end of the application. To avoid any delays, be sure the application is signed by both the prospective member and the referral source.

Please contact the Independence Center Admissions staff at (847) 360-1020 Ext. 1221.

Thank you for applying to Independence Center.

Did you remember to include:

- 1). A psychosocial history from the referral source
- 2). A psychiatric assessment from the referral source or other provider

_____ Date _____
Referral Source Signature

_____ Date _____
Prospective Member Signature