



RECOVERY HOME APPLICATION

PLEASE READ THE ENTIRE APPLICATION

Thank you for your interest in the Rosecrance Recovery Home Program. This application has been developed to assist an individual in making a determination regarding a goal of long-term recovery. In order for an individual to be considered for the Recovery Home Program, please follow the steps outlined below:

1. Review this packet in its entirety. Complete the Application Pre-Screening as well as answer all of the questions in the packet and return pages 8-13 to the Recovery Home you are applying to.
Note: Pages 1-6 are yours to review and keep. **Only return pages 8-13 and additional information requested.**

This document contains the following:

- Benefits & Expectations of living in a Rosecrance Recovery Home
 - What to bring upon Admission
 - Frequently Asked Questions
 - Listing of Rosecrance Recovery Home Locations with contact information
 - Cover Sheet & Questionnaire
 - Referral Source Questionnaire
2. Once the Recovery Home receives the required application forms back, determination will be made for eligibility to our program. We will then contact you to discuss eligibility, and to review next steps.
 3. There may be a waiting list. It is your responsibility to follow up weekly to check the status of the waiting list. Do not assume that you have been approved unless directly informed by us.

Please direct all of your questions to the Recovery Home Staff.

Benefits of living in a Rosecrance Recovery Home

- Alcohol and Drug free living environment
- Provides stable housing during the stress of early recovery
- Peer support
- Sober, social activities to decrease isolation
- Assistance in job search and/or resumption of education
- Assistance with budgeting and preparation for independent living
- Enhances knowledge and skills related to recovery
- Development of leadership potential
- Engagement in local 12-Step and recovery community
- Support in accessing local resources and navigating local transportation if needed
- Knowledgeable and supportive staff

Expectations of living in a Rosecrance Recovery Home

- No alcohol or other illegal substances
- Attendance at 12-Step meetings or other support groups
- Contact with a sponsor or mentor
- Administrative and program fees at admission, monthly thereafter
- Have a legitimate means of financial support (work, TANF, social security, child support)
- Work toward harmonious living in the house
- Participate in cleaning of the house
- Respect property of Rosecrance, personal property, and the property of others
- Be responsible and follow rules. Inability to follow program rules may affect eligibility for continued stay.
- Take care of self-including personal hygiene and stress management
- Focus on daily living skills
 - Work, attend school, or volunteer within the community

What to Bring Upon Admission**Required Items:**

- Any Needed Medical Supplies
 - Prescribed medications in their original bottles (30 days if possible)
 - Medication lists from current/last providers
 - Any other medical supplies or devices needed
- Program and Administrative Fees
- Cell Phone
- Linens, pillow, and a blanket for a twin bed
- Personal towels for the bathroom
- Personal hygiene items
 - No alcohol based products (i.e. mouthwash or aftershave)
- Toiletries
- Laundry supplies
 - Greendale: Quarters for machines
- Food (1-2 days' worth)
- Money (for expenses)

If you have it:

- Current ID
- Original Birth Certificate
- Social Security Card
- Laptop

Frequently Asked Questions**Q: How do I apply for the recovery home?**

A: To apply for the recovery home, complete the application and return via fax or email to the site you want to apply to.

Q: When will I hear back?

A: Recovery home applications are reviewed by a team. There may be follow-up questions to your application so be alert for a phone call or email with follow-up. Applications are typically reviewed within three business days of submission.

Q: What is the average length of stay?

A: Length of stay often depends on the specific needs of the individual, but we find somewhere between three and six months to be most common.

Q: Will I be expected to work?

A: Yes, clients are expected to work, be attending school, or volunteering within 30 days of admission to the recovery home.

Q: Will I have a roommate?

A: Yes, in most recovery homes you will have a roommate. Living with others in early sobriety can be a tremendous positive to escape feelings of isolation and loneliness.

Q: How much are program fees?

A: Program fees vary by site and individual's financial status.

Q: May I have visitors?

A: To maintain the confidentiality of all clients, the adult programs do not permit visitors on-site. All visits to our young-adult program (Marlowe) must be approved by house staff.

Q: Is there a curfew?

A: Yes, all sites have a curfew, though, the curfew varies by site.

Q: Will I have a household chore?

A: Yes, all clients contribute to the upkeep of the facility. Chores are simple in nature and can be completed in a relatively short amount of time.

Q: What if I relapse?

A: In the event of a relapse, discharge from the program may be necessary. All cases will be evaluated individually.

Q: Am I allowed to go on passes or stay offsite overnight?

A: As you progress through the program, you will gain certain privileges, including day and overnight passes. These will be approved or not approved by staff and based on your good standing in the program.

Q: Am I allowed to have a vehicle?

A: This is determined on a case by case basis.

Q: Can I bring my own furniture or television?

A: The recovery homes are fully furnished. Additional furniture is not permitted.

Q: I'm a little nervous about coming to the recovery home. Is being nervous to be expected?

A: Moving into a new environment will always cause some stress. Know that you will be surrounded by a team of professionals, and a group of residents who have been in your shoes. You are giving yourself a wonderful new chance for long-term sobriety.

COVID-19

At admission you will receive a COVID screening. If you do not pass the COVID screening, your admission may have to be postponed.

Every individual admitted must have a completed COVID-19 Quarantine Plan to implement in the case of exhibiting COVID symptoms or receiving a positive diagnosis. This must include alternative living arrangements during the quarantine period.

COVID testing may be recommended if there is known exposure.

There are multiple recovery homes within the Rosecrance network. Please select the Recovery Home you are applying to, and mark if you would be willing to engage at a different location if the preferred home is at capacity.

Young Adult Recovery Home (ages 17-19):

_____ Marlowe Recovery Home
1365 University Drive
Rockford, IL 61107
815-229-1905 Office
815-387-2590 Fax

I'd be willing to be considered at this location if my preferred location is at capacity.

Adult Recovery Homes (ages 18 and up):

_____ Greendale Recovery Home
3522 Greendale Drive
Rockford, IL 61109
815-391-5095 Office
815-484-4750 Fax

I'd be willing to be considered at this location if my preferred location is at capacity.

_____ Woodstock Recovery Home
876 Pleasant Street
Woodstock, IL 600
815-298-1935 Office
815-387-2593 Fax

I'd be willing to be considered at this location if my preferred location is at capacity.

_____ Lakeview Recovery Home
3701 N. Ashland Ave
Chicago, IL 60613
773-975-4047 Office
815-720-9177 fax

I'd be willing to be considered at this location if my preferred location is at capacity.

_____ Moreland Recovery Home
2302 Moreland Blvd
Champaign, IL 61822
217-356-7576 Office
217-356-6571 Fax

I'd be willing to be considered at this location if my preferred location is at capacity.

Name: _____ Date: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

DOB: _____ Age: _____ Sex: _____ Pronouns: _____

Emergency Contact (Name / relationship): _____

Emergency phone #: _____

Primary Care Physician: _____

Physician Location/Address: _____

Psychiatrist (if applicable): _____

Current Medications (both prescribed and OTC): _____

Last TB Test Date: _____ Location/Physician: _____

Special Needs / Accommodations: _____

Any medical conditions / allergies / chronic pain: _____

Source of Income: Wages/Salary Public Assistance Retirement/Pension Disability None

If yes, how much do you earn or receive per month? _____

If no, who provides your financial support? _____

Do you have registered/insured vehicle you intend to bring? Yes No

Referral Source/contact # _____

Are you currently in Substance Abuse treatment? Yes No**If yes:**

Location/Type (Inpatient/IOP): _____

Admission date to current treatment: _____ Estimated discharge date: _____

If no:

When and where did you last receive treatment? _____

Questionnaire

Instructions: Please answer the following questions to the best of your ability. Please use a separate sheet of paper to answer the questions in detail.

Presenting Problem –

- 1) Why are you inquiring about a recovery home?
- 2) What do you expect from staying at a recovery home?

Drug Use –

- 1) Describe your drug use history. Include the drugs you have used, the amount and the duration of use. Have you ever over dosed?
- 2) When was your last date of use?

Support System –

- 1) Who is supportive of your recovery? Describe them.
- 2) Is there anyone that negatively impacts your recovery?

Vocational –

- 1) What is your highest level of education completed?
- 2) Do you have any certifications? Do you have goals or plans for continued education?
- 3) What work experiences have you had?
- 4) Any restrictions that will not allow you to work?
- 5) Do you have any unpaid debts such as past bills, court fines, medical bills etc.?

Legal –

- 1) What is your legal history? Please include county of arrest, any jail or prison stays, convictions, and current status of parole, probation, probation officer, and upcoming court dates.

Mental Health –

- 1) If applicable, please list any mental health diagnoses previously provided.
- 2) Do you have any history of psychiatric hospitalizations within the past year?
- 3) Do you have a history of cross addiction (i.e. eating disorder, self-harm, gambling, love/sex, etc.)?

Recovery Efforts and Goals –

- 1) Have you ever participated in a recovery program? Please explain your experience and any preferences.
- 2) Are you currently sponsored or mentored?
- 3) What sacrifices or changes need to be made for you to remain in recovery?
- 4) What do you want to accomplish while being at the recovery home?
- 5) How long do you project it will take for you to meet those goals?
- 6) What are your plans after you leave a recovery home?

Please sign and date below verifying that you have read this packet and have completed it to the best of your ability.

Signature: _____ Date: _____

Greendale Family Program Only:

Do you have funding through the Illinois Dept. of Human Services? Yes No

Food Stamps _____ TANF _____ Medical Card _____

No. of Children: _____ No. of Children residing at Recovery Home: _____

Are your children in your custody? _____ If not, where are they? _____

Are you pregnant? _____

Please fill out the names and information for each child that would be residing at the recovery home with you:

Name	Gender	Date of Birth	Age

Recovery Home Referral form: The following section is to be completed by your referral source.

Referral Source (Name and Agency): _____

Referral Phone Number: _____ Referral Email: _____

1) Please explain the individual's need for a sober living environment at this time (overall assessment of current state and recent progress):

2) Please check the appropriate boxes and provide information if requested:

Boxes unchecked or left blank are assumed to be non-applicable to the individual being referred:

Substance Abuse Diagnosis(es): _____

Mental Health Diagnosis(es): _____

Psychiatric Hospital utilization last 180 days. Give dates: _____

Jail stays last 180 days. Give dates: _____

Upcoming court dates: Give dates: _____

Please attach the following to this referral form:

List of prescribed medications with prescribing physician

Will this individual arrive with at least 30 days of their prescription filled? Yes No

Most recently completed Substance Abuse and/or Mental Health Assessment

3) Please list known available family, friends, or other support. Comment on the quality if known.

4) History / current justice system involvement:

- | | | | |
|--------------------------------------------|----------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Probation | <input type="checkbox"/> Parole | <input type="checkbox"/> History of Incarcerations (jail/prison) |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Juvenile Detention Center | <input type="checkbox"/> Unfit to stand trial | <input type="checkbox"/> History of NGRI |
| <input type="checkbox"/> Charged w/ crime | <input type="checkbox"/> Station adjustment | <input type="checkbox"/> History of arrests | <input type="checkbox"/> History of NGRI – conditional release |
| <input type="checkbox"/> Court Supervision | | | |

5) Describe how the applicant responds to program rules, suggestions or to authority:

6) Recommendations-Additional Comments or Information:

Signature: _____ Date: _____