



Independence Center Pre-Membership Application

The Independence Center vision is to provide individuals with mental disabilities who have the desire to work an opportunity to be productive members of society. To that end, Independence Center shall endeavor to provide vocational services and quality rehabilitative programs that serve individuals and the business community. It is our goal to develop a skilled and dedicated work force that embodies a good work ethic.

To be referred for membership the referral application must be completed and signed. In addition, referrals from other community agencies require a current, detailed *psychosocial history* and a current *psychiatric assessment*, as well as signed *release*.

To be eligible for membership an applicant:

1. must have a primary presenting problem associated with severe and persistent mental illness.
2. should be interested in attending Independence Center, since participation is voluntary.
3. must be able to get to Independence Center.
4. who has a history of substance abuse must be sober at Independence Center and on any Independence Center sponsored community activities.
5. cannot pose a threat to our community.
6. must be at least 18 years of age. There is no upper age limit.

If you have any questions or need assistance please contact the Engagement/Intake staff at (847)360-1020 ext. 24 or ext. 34.

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

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

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 drub 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 intake staff at (847) 360-1020 ext. 24 or ext. 34 with questions.

Thank you fro 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