

EDDIE WASHINGTON CENTER

Road to Residency Process

847-244-0805 | 424 South Avenue, Waukegan, IL 60085



THE EDDIE WASHINGTON CENTER APPRECIATES YOUR TIME AND CONSIDERATION BY FILLING OUT AN APPLICATION WITH US, BUT BEFORE A DETERMINATION IS MADE, THE FOLLOWING MUST BE COMPLETED TO BE CONSIDERED FOR ADMISSION:

- ☐ STEP 1: FILL OUT AN APPLICATION (COMPLETED APPLICATION IS REQUIRED)
- ☐ STEP 2: COPIES OF VALID IDENTIFICATION (DRIVER'S LICENSE/STATE ID ALONG WITH SOCIAL SECURITY CARD)
- ☐ STEP 3: REFERENCE OR CONTACT INFORMATION FROM A COUNSELOR, SPONSOR, PAROLE/PROBATION OFFICER, OR FAMILY MEMBER
- ☐ STEP 4: PLEASE SUBMIT T.B. TEST RESULTS OR HAVE THEM FAXED TO (847)244-2048. PLEASE CONTACT THE LAKE COUNTY T.B. CLINIC BY CALLING (847) 377-8700 AT 515 KELLER AVENUE, WAUKEGAN, IL (WALK-IN APPT ACCEPTED)
- ☐ STEP 5: FILL OUT CRIMINAL BACKGROUND CHECK FORM (RESULTS TAKES 5-8 BUSINESS DAYS)
- ☐ STEP 6: FINALLY, WAIT TO RECEIVE A PHONE CALL FROM A STAFF MEMBER TO SCHEDULE AN INTERVIEW

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT THE EDDIE WASHINGTON CENTER AT (847)244-0805. MISSING DOCUMENTATION MAY BE FAXED AT (847)244-2048, BUT PLEASE KEEP IN MIND, APPLICATIONS WILL NOT MOVE FORWARD IN THE PROCESS WITHOUT FULLY COMPLETING THE APPLICATION AND PROVIDING ALL REQUIRED DOCUMENTATION.

THANK YOU FOR YOUR COOPERATION,

Eddie Washington Center Staff Committee

EDDIE WASHINGTON CENTER

Road to Residency Application

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APPLICANT INFORMATION

FIRST & MIDDLE NAME		LAST NAME		GENDER	
PRIMARY #		SECONDARY #		EMAIL	
DATE OF BIRTH	PLACE OF BIRTH		AGE	HEIGHT	WEIGHT
ETHNICITY <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NON-HISPANIC/LATINO			RACE (FOR GRANT STATISTICS ONLY)		
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF NOT, ARE YOU A LEGAL ALIEN? <input type="checkbox"/> YES, ALIEN #: <input type="checkbox"/> NO		
SOCIAL SECURITY #		HOW LONG HAVE YOU LIVED IN LAKE COUNTY?			
ARE YOU A U.S. VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU A REGISTERED SEX OFFENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED/WIDOWED			DO YOU HAVE KIDS? <input type="checkbox"/> YES #: <input type="checkbox"/> NO		
HIGHEST LEVEL OF EDUCATION			DID YOU GRADUATE FROM HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		

HOUSING STATUS

WHAT IS YOUR CURRENT HOUSING STATUS? <input type="checkbox"/> LITERALLY HOMELESS <input type="checkbox"/> LOSING HOME <input type="checkbox"/> UNSTABLE HOUSING <input type="checkbox"/> OTHER																			
<table><tr><td>PRIOR LIVING SITUATION?</td><td><input type="checkbox"/> OWNED BY CLIENT, NO SUBSIDY HOUSING</td><td><input type="checkbox"/> PERMANENT HOUSING (FOR FORMALLY HOMELESS PERSON)</td><td><input type="checkbox"/> HOTEL/MOTEL</td></tr><tr><td><input type="checkbox"/> HOSPITAL</td><td></td><td></td><td><input type="checkbox"/> HOTEL PAID WITHOUT EMERGENCY SHELTER VOUCHER</td></tr><tr><td><input type="checkbox"/> JAIL, PRISON, OR JUVIE</td><td><input type="checkbox"/> OWNED BY CLIENT, SUBSIDY HOUSING</td><td><input type="checkbox"/> PLACE NOT MEANT FOR HABITATION, (INCLUSIVE OF "NON HOUSING")</td><td><input type="checkbox"/> OTHER:</td></tr><tr><td><input type="checkbox"/> SECTION-8/LOW INCOME</td><td></td><td></td><td></td></tr></table>				PRIOR LIVING SITUATION?	<input type="checkbox"/> OWNED BY CLIENT, NO SUBSIDY HOUSING	<input type="checkbox"/> PERMANENT HOUSING (FOR FORMALLY HOMELESS PERSON)	<input type="checkbox"/> HOTEL/MOTEL	<input type="checkbox"/> HOSPITAL			<input type="checkbox"/> HOTEL PAID WITHOUT EMERGENCY SHELTER VOUCHER	<input type="checkbox"/> JAIL, PRISON, OR JUVIE	<input type="checkbox"/> OWNED BY CLIENT, SUBSIDY HOUSING	<input type="checkbox"/> PLACE NOT MEANT FOR HABITATION, (INCLUSIVE OF "NON HOUSING")	<input type="checkbox"/> OTHER:	<input type="checkbox"/> SECTION-8/LOW INCOME			
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<input type="checkbox"/> SECTION-8/LOW INCOME																			
ARE YOU CURRENTLY HOMELESS? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON OF HOMELESSNESS																	
HOW LONG HAVE YOU BEEN HOMELESS?		IS THIS THE FIRST TIME YOU'VE BEEN HOMELESS? <input type="checkbox"/> YES <input type="checkbox"/> NO																	
WHERE DID YOU SPEND THE NIGHT YESTERDAY?		LAST PLACE OF RESIDENCY <input type="checkbox"/> OWN <input type="checkbox"/> RENT																	
LIST THE LAST THREE ADDRESSES/PLACES OF RESIDENCY AND LENGTH OF STAY:																			
1. _____																			
2. _____																			
3. _____																			

EMERGENCY CONTACT

EMERGENCY CONTACT NAME	PHONE #
ADDRESS	RELATIONSHIP TO YOU?

INSURANCE INFORMATION

DO YOU HAVE INSURANCE? ☐ YES ☐ NO
IF THE ANSWER IS YES, LIST WHAT TYPE OF INSURANCE:

IF YOU DON'T HAVE INSURANCE,
WOULD YOU LIKE TO APPLY UNDER THE ☐ YES ☐ NO
AFFORDABLE CARE ACT?

SUBSTANCE ABUSE PROBLEM(S)

DO YOU HAVE ANY SUBSTANCE ABUSE PROBLEMS? ☐ YES ☐ NO

WHAT TYPE OF PROBLEM?

HOW LONG HAVE YOU HAD THIS CONDITION?

ARE YOU RECEIVING ANY TREATMENT? ☐ YES ☐ NO

ARE YOU WILLING TO GO TO A TREATMENT FACILITY (IF YOUR NEEDS HAVE NOT BEEN MET)? ☐ YES ☐ NO

PHYSICAL AND MENTAL HISTORY (VOLUNTARY)

DO YOU HAVE ANY ONGOING MEDICAL CONDITIONS? ☐ YES, EXPLAIN:

☐ NO

HAVE YOU EVER BEEN TREATED FOR A MENTAL OR EMOTIONAL HEALTH CONDITION? ☐ YES, DATE:

☐ NO

LIST CONDITION(S):

ARE YOU PRESCRIBED TO ANY MEDICATIONS? IF SO PLEASE LIST THEM BELOW:

1. _____
2. _____
3. _____

WOULD YOU BE INTERESTED IN RECEIVING COUNSELING OR OTHER SERVICES SIMILAR TO IT WHILE AT THE EDDIE WASHINGTON CENTER? ☐ YES ☐ NO

HAVE YOU EVER BEEN SUICIDAL OR ATTEMPTED SUICIDE? ☐ YES ☐ NO

ARE YOU SUICIDAL NOW? ☐ YES ☐ NO

HOW ARE YOU FEELING TODAY?

*IF THE ANSWER IS YES, PLEASE STOP FILLING OUT THE APPLICATION AND INFORM A STAFF MEMBER.

SUPPORTIVE SERVICES NEEDED

PLEASE CHECK THE BOXES FOR THE SUPPORTIVE SERVICES THAT YOU ARE REQUESTING:

- | | | |
|--|---|---|
| <input type="checkbox"/> OUTREACH | <input type="checkbox"/> HEALTH/DENTAL | <input type="checkbox"/> TRANSPORTATION |
| <input type="checkbox"/> ADVOCACY | <input type="checkbox"/> ADULT BASIC EDUCATION | <input type="checkbox"/> EMPLOYMENT SERVICES |
| <input type="checkbox"/> CASE MANAGEMENT | <input type="checkbox"/> ENGLISH AS A SECOND LANGUAGE | <input type="checkbox"/> HOUSE LOCATION/INSPECTIONS |
| <input type="checkbox"/> COUNSELING | <input type="checkbox"/> GED | <input type="checkbox"/> SUBSTANCE ABUSE SERVICES |
| <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> VOCATIONAL TRAINING | <input type="checkbox"/> AFTERCARE SERVICES |
| <input type="checkbox"/> ALCOHOL ABUSE | <input type="checkbox"/> HIGHER EDUCATION | <input type="checkbox"/> OTHER: |

LEGAL BACKGROUND INQUIRY

THE FOLLOWING QUESTIONS SHOULD BE ANSWERED AS A CANDIDLY AS POSSIBLE; EDDIE WASHINGTON CENTER STAFF COMMITTEE APPRECIATES YOUR COOPERATION.

HAVE YOU EVER BEEN IN PRISON? ☐ YES ☐ NO

IF YES, PLEASE LIST THE OFFENSE, YEAR, AND CURRENT STATUS OF CASE:

OFFENSE	YEAR	CURRENT STATUS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

DO YOU HAVE ANY ACTIVE WARRANTS FOR YOUR ARREST? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

DO YOU HAVE ANY UNRESOLVED OR PENDING COURT CASES? ☐ YES ☐ NO

IF YES, PLEASE INCLUDE DATE OF COURT CASE(S):

CRIMINAL COURT	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATES _____
TRAFFIC COURT	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATES _____
CHILD SUPPORT	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATES _____
LAWSUITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATES _____
WORKMAN'S COMP	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATES _____
PERSONAL INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATES _____
MARITAL COURT	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATES _____
BANKRUPTCY	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATES _____

ARE YOU CURRENTLY ON COURT SUPERVISION, COURT SUPERVISED SUPERVISION, PROBATION, OR PAROLE? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

ARE YOU COURT MANDATED TO BE IN A TREATMENT PROGRAM? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

I, _____ GIVE PERMISSION TO HAVE MY LEGAL STATUS VERIFIED BY THE LOCAL AUTHORITIES.

SIGNATURE _____ DATE _____

INCOME VERIFICATION

IT'S IMPORTANT THAT THE CENTER KNOWS YOUR FINANCIAL RESOURCES. PLEASE INDICATE WHAT TYPE OF INCOME OR FINANCIAL RESOURCES YOU HAVE OR HAVE MADE AS OF THIS DATE. ONLY ANSWER QUESTIONS THAT RELATE TO YOU.

HAVE YOU RECEIVED ANY SOURCE OF INCOME IN THE PAST 30 DAYS? ☐ YES ☐ NO

ARE YOU EMPLOYED? ☐ YES, NAME OF EMPLOYER AND CONTACT:

☐ NO

DO YOU HAVE ANY OTHER FORM OF INCOME? ☐ YES ☐ NO

GROSS MONTHLY INCOME: \$

IF YES, CHECK ALL THAT APPLY:

- | | | | |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> UNEMPLOYMENT COMP | <input type="checkbox"/> SSI | <input type="checkbox"/> EARN FARE | <input type="checkbox"/> TARGET WORK INITIATIVE |
| <input type="checkbox"/> WORKER'S COMP | <input type="checkbox"/> SSDI | <input type="checkbox"/> JTPA | <input type="checkbox"/> REHABILITATION SERVICES |
| <input type="checkbox"/> PENSION | <input type="checkbox"/> AABD | <input type="checkbox"/> LIHEAP | <input type="checkbox"/> PROJECT CHANCE/WORK PAYS |
| <input type="checkbox"/> VETERAN'S BENEFITS | <input type="checkbox"/> MEDICAID | <input type="checkbox"/> FOOD STAMPS | <input type="checkbox"/> EMERGENCY FOOD ASSISTANCE |
| <input type="checkbox"/> TANF | <input type="checkbox"/> MEDICARE | <input type="checkbox"/> OPPORTUNITIES | <input type="checkbox"/> TRANSITION/GENERAL ASSISTANCE |
| <input type="checkbox"/> SOCIAL SECURITY | <input type="checkbox"/> AIDS PROGRAM | <input type="checkbox"/> LONG TERM CARE | <input type="checkbox"/> FOOD STAMPS EMPLOYMENT TRAINING |

PLEASE LIST ANY OTHER SOURCES OF INCOME:

ARE YOU CURRENTLY RECEIVING SNAP BENEFITS? ☐ YES ☐ NO

MONTHLY SNAP AMOUNT:

EDDIE WASHINGTON CENTER REQUIRES ALL UNEMPLOYED RESIDENTS TO APPLY FOR THE STATE NUTRITIONAL SUPPLEMENT PROGRAM. DO YOU AGREE TO APPLY FOR SNSP BENEFITS? ☐ YES ☐ NO

SIGNATURE _____

DATE _____

NOTICE AND ACKNOWLEDGEMENT
(IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT)

NOTICE REGARDING BACKGROUND INVESTIGATION

Waukegan Township ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Aurico Reports Inc., 116 W. Eastman St., Suite 101, Arlington Heights, Illinois, 60004, (866)255-1852 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Aurico Reports Inc., 116 W. Eastman St., Suite 101, Arlington Heights, Illinois, 60004, (866)255-1852, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic, or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

PRINTED NAME	MAIDEN NAME	DATE CHANGED	
OTHER LAST NAMES USED			
NAME	DATE CHANGED	NAME	DATE CHANGED
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____
SIGNATURE		DATE	

LIST ALL CITIES AND STATES WHERE YOU HAVE LIVED FOR THE PAST 7 YEARS. ATTACH ADDITIONAL SHEET IF NECESARY.			
STREET	CITY, STATE, AND ZIP	COUNTY	HOW LONG?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
PHONE #		SOCIAL SECURITY #	DATE OF BIRTH
GENDER	DRIVER'S LICENSE #		STATE
*THIS INFORMATION WILL BE USED FOR BACKGROUND SCREENING PURPOSES ONLY AND WILL NOT BE USED AS HIRING CRITERIA.			

NOTE: YOU MUST RETURN ALL PAGES
PLEASE SUBMIT APPLICATION TO: CBUTLER@WAUKEGANTOWNSHIP.COM