

## OLLIE HOUSE

Room & Board Senior Housing services available to seniors 60 years of age and older. This service is offered to senior veterans, seniors living with their adult children, seniors experiencing any kind of abuse, homeless seniors, senior population recently released, and seniors at risk of becoming homeless. Each senior will always have a private bedroom and share common areas. Each senior home will house same sex seniors. While offering a stable homelife environment, community resources, health resources, and community engagement activities are also available. Each senior will meet monthly with an Ollie Staff Coordinator to ensure monthly goals are being met. This service may accommodate recently released persons with health issues. Subject on a case-by-case basis.

Monthly Rent: \$700 (utilities included)

Senior will provide their own food and basic necessities

Home will provide:

- Private bedroom fully furnished
- House landline telephone
- Tv with internet antenna channels (living room)
- Fully furnished living room
- Stove & Refrigerator
- Washer & Dryer

**Ollie House Application**  
**2021 East Monroe Springfield, Illinois 62703**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Source of Monthly Income: \_\_\_\_\_

Amount of Monthly Income: \_\_\_\_\_

Date Amount is Received Monthly: \_\_\_\_\_

Do you currently have any addiction: \_\_\_\_\_

If, yes what is the addiction: \_\_\_\_\_

Have you ever had an addiction: \_\_\_\_\_

If, yes what was the addiction: \_\_\_\_\_

Are you currently seeing a Primary Physician regularly: \_\_\_\_\_

When was the last time you seen a physician: \_\_\_\_\_

**Ollie House Application**  
**2021 East Monroe Springfield, Illinois 62703**

Do you have any medical conditions: \_\_\_\_\_

Do you take medication regularly: \_\_\_\_\_

Do you have an active case manager: \_\_\_\_\_

If, yes what is the contact information: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_