

CONFIDENTIAL

Panama City Rescue Mission
Pathways Ministries Recovery Program Application (Revised 03/2011)
609 Allen Ave, Panama City, FL 32401
Fax: 850-763-0099

Date: _____ Name: _____
Last First MI

Social Security#: _____ Other ID#: _____

Birth date: _____ Gender: M F Race: _____

Marital Status: Married__ Single__ Divorced__ Separated__ Widow(er) __

If married, where is your spouse? _____ Reuniting? Y N

Do you have children? If yes, list names & ages:

Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____

Next of Kin/Emergency Contact:

Name: _____ Relationship: _____
Address: _____

Last Address: _____
Street City State Zip

Residency: Please list your previous place of residence for the last 5 years.

Address:	From:(Month/Year)	To:(Month/Year)
Address:	From:(Month/Year)	To:(Month/Year)
Address:	From:(Month/Year)	To:(Month/Year)
Address:	From:(Month/Year)	To:(Month/Year)
Address:	From:(Month/Year)	To:(Month/Year)

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Education: (Circle number of years or degree completed)

1 2 3 4 5 6 7 8 9 10 11 12 HS Grad GED Associates Bachelors Masters

Unemployed: _____ Disabled: _____ Medical Problem: _____

Drivers License: Y N State: _____ Number: _____

Employment: Please list your last 5 employers starting with the most recent employment first.

Employer :		Dates Employed	Work Performed
Telephone Number:		From:	
Address:		To:	
		Hourly Rate / Salary	
Job Title	Supervisor	Starting:	
Reason for leaving		Final:	

Employer :		Dates Employed	Work Performed
Telephone Number:		From:	
Address:		To:	
		Hourly Rate / Salary	
Job Title	Supervisor	Starting:	
Reason for leaving		Final:	

Employer :		Dates Employed	Work Performed
Telephone Number:		From:	
Address:		To:	
		Hourly Rate / Salary	
Job Title	Supervisor	Starting:	
Reason for leaving		Final:	

Employer :		Dates Employed	Work Performed
Telephone Number:		From:	
Address:		To:	
		Hourly Rate / Salary	
Job Title	Supervisor	Starting:	
Reason for leaving		Final:	

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Employer :		Dates Employed	Work Performed
Telephone Number:		From:	
Address:		To:	
		Hourly Rate / Salary	
Job Title	Supervisor	Starting:	
Reason for leaving		Final:	

Do you currently have a vehicle? Y N Make/Year: _____

Medical: Do you have any Health/Medical Problems? Y N Please explain below:

Mental Health: Have you ever received psychiatric treatment? Y N Please explain below:

Prescriptions: During the past 6 months? Y N Please explain below:

Over the counter medications: During the past 6months? Y N Please explain below:

Have you had any serious illness? Y N Please explain below:

Have you had any surgery? Y N Please explain type of surgery and when below:

Have you had any injuries? Y N Please explain type and when below:

Do you smoke? Y N (Amount / day _____)

Do you drink alcohol? Y N (Amount / day _____)

Do you use drugs? Y N (Amount / day _____)

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Drug & Alcohol History:

Type	Amount/Frequency	Last Usage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been in treatment for alcohol/chemical usage? Y N

Results of treatment: _____

<u>Brief Family History:</u>	Father	Mother	Sibling	Grandparent
Alcoholism	_____	_____	_____	_____
Depression	_____	_____	_____	_____
Drug Usage	_____	_____	_____	_____
Mental Illness	_____	_____	_____	_____
Psychiatric Hospital	_____	_____	_____	_____
Eating Disorder	_____	_____	_____	_____
Sleep Disturbance	_____	_____	_____	_____
Legal Problems	_____	_____	_____	_____

Have you had contact with C&F Services? Y N When? _____
 Circumstances? _____
 Status? _____

Legal: Any pending charges? Y N What Type? _____
 Court Date? _____ Are you on probation? Y N Remaining Time: _____
 Prior legal issue 1: _____ Offense: _____
 Probation Officer: _____ Phone: _____
 Prior Legal issue 2: _____ Offense: _____
 Probation Officer: _____ Offense: _____

What brings you here now? _____

