

CONFIDENTIAL

Panama City Rescue Mission
Pathways Ministries Recovery Program Application
609 Allen Ave, Panama City, FL 32401
Fax: 850-763-0099

Date: _____ Name: _____
Last First MI

Social Security#: _____ Other ID#: _____ Contact Phn#: _____

Last Address: _____
Street City ST Zip

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: _____

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

Employment:

Last Employer: _____ Address: _____

Position: _____ Weekly Income: _____

Unemployed: _____ Disabled: _____ Medical Problem: _____

Drivers License: Y N State: _____ Number: _____

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

Pathways Ministries Recovery Program Application(continued)

Medical: Do you have any Health/Medical Problems? Y N If yes, please explain below:

Prescription/over counter medication in the past 6 months? Y N If yes, please explain below:

Have you had any serious illness? Y N If yes, please explain below:

Have you had any surgery? Y N If yes, please explain what type and when below:

Have you had any injuries? Y N If yes, please explain what type and when below:

Smoke? Y N Drink Alcohol? Y N (Amount/day_____) Drugs? Y N

Drug & Alcohol History:

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

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

Results of treatment: _____

Brief Family History:

	Father	Mother	Sibling	Grandparent
Alcoholism	_____	_____	_____	_____
Depression	_____	_____	_____	_____
Drug Usage	_____	_____	_____	_____
Mental Illness	_____	_____	_____	_____
Psychiatric Hospital	_____	_____	_____	_____
Eating Disorder	_____	_____	_____	_____
Sleep Disturbance	_____	_____	_____	_____
Legal Problems	_____	_____	_____	_____

Pathways Ministries Recovery Program Application(continued)

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 problems: _____ Offense: _____
Probation Officer: _____ Phone: _____

What brings you here now? _____

How did you learn about the program? _____

What type of help are you looking for? _____

How do you feel this program will help you? _____

Signed: _____ Date: _____