



Panama City Rescue Mission
Gateway Life Transformation Program



Gateway Campus for Men
609 Allen Ave., Panama City, FL 32401
Phone: 850.769.0783

Gateway Campus for Women & Children
1313 East 11 St., Panama City, FL 32401
Phone: 850.914.0533

APPROVED: _____

NOT APPROVED: _____

CLIENT SCREENING

WE ARE NOT A HOMELESS SHELTER. We reserve the right to refuse intake upon arrival if you do not disclose all medical or mental issues during this pre-interview screening. Bed Fees are \$154 per week. Background Checks will be performed. Any assault or battery for the past 5 years automatically disqualifies an individual for our Program. Any child-related charges also will disqualify your entrance into our Facility. All incoming residents will be under a mandatory 2-week probationary period.

Date: _____

Name: (First, Middle, Last) _____

Last Mailing Address on File with the Post Office: _____

DOB: _____ Age: _____ Phone: _____

Male: _____ Female: _____

Have you stayed with us before? Yes No

Are you running from domestic violence? Yes No

Have you ever been arrested for battery, domestic violence, assaults, or any violence against children? Yes No

Are you on probation? What are your probation fees?: Yes No

Do you currently pay child support?: Yes No If yes, how much? _____

Can you pass a drug screening? Yes No

Have you ever had a substance abuse problem? Yes No

If so, please explain: _____

Please list all medical and mental issues: _____



Panama City Rescue Mission
Gateway Life Transformation Program



Gateway Campus for Men
609 Allen Ave., Panama City, FL 32401
Phone: 850.769.0783

Gateway Campus for Women & Children
1313 East 11 St., Panama City, FL 32401
Phone: 850.914.0533

Please list all medications: _____

Are you Disabled? Yes No

Are you in a wheelchair? Yes No

Do you walk with a cane or walker? Yes No

Do you have incontinence or wear adult diapers?: Yes No

Are you able to shower, dress, and take care of all personal needs without assistance from others?: Yes No

Are you able to climb on a top bunk?:

Do you currently work? Yes No

Do you have any form of income? Yes No

If yes, how much and what is your source of income? _____

What was your last place of employment? _____

What is your highest level of education? _____

Do you have your own vehicle? Yes No

Do have a Florida ID/Drivers License? Yes No

Do you currently receive Florida Food Stamps?: Yes No

Do you have a Social Security Card?: Yes No

Do you have a Florida Birth Certificate?: Yes No

Do you have Children? Yes No If so, are they with you? Yes No

If yes, what are their genders and ages? _____

Where have you been staying?: _____
