



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

Intake Form

Last Name _____ First _____ M.I. _____ Sex _____

Social Security # _____ Date of Birth _____ Age _____

Phone _____ Emergency Contact _____ # _____

Family in area _____ Marital Status _____ Pregnant No Yes # of months _____

Divorced No Yes When _____

From the area? No Yes If not, prior residence _____

Education:

- 0-8 years
 9-12 (non HS grad)
 HS Grad/GED
 12+
 College graduate
 Junior College
 College (non grad)
 Voc/Tech (completed)
 Graduate Degree

Are you lacking a high school diploma or GED? Yes No
Highest grade completed? _____

Ethnicity:
 Hispanic/Latino Origin

Race:

- African American/Black
 Caucasian
 Native Hawaiian/Pacific Islander
 Asian
 American Indian/AK Native
 African American & White
 American Indian/AK/White
 Asian & White
 American Indian/AK/Black
 Other Multi Racial

Veteran No Yes Length of Active Duty _____ Months Has DD214 Yes No

Served in war zone No Yes Name of war zone _____

Branch of Military _____ Registered at County Veterans Office Yes No

What brought you here?

Multiple horizontal lines for text entry.



Health Issues:

Do you have a history of or concerns of any **physical health** issues? Yes No
If yes, what are they?

Are you able to dress yourself, take a shower, walk without assistance? Yes No

Are you able to climb on the top bunk of a bunk bed? Yes No

Are you currently on any medications? Yes No Do you need assistance in regulating medications? Yes No
If yes, please list:

Do you have prescriptions you have not filled? Yes No
If yes, for what:

Have you ever been diagnosed with a **mental health** condition? Yes No
If yes, explain diagnosis.

Have you ever been hospitalized for a mental health related issue? Yes No
If yes, when and where?

Are you currently a patient at Life Management? Yes No
If yes, list case worker and contact info?

Have you ever used **drugs or alcohol**? Yes No
If yes, which ones?

Estimated time since last use? _____

Have you ever been in treatment for drug or alcohol use? Yes No
If yes, when _____

If our staff deems it necessary to take any sort of classes such as
Anger Management, Getting along With Others, Alcoholics Anonymous, etc.,
Are you willing to take the classes assigned to you? Yes No

Have you ever been the victim of **domestic violence or family violence**? Yes No
If yes, please indicate types and dates:



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Children: [] N/A []

How many minor children live in your household? _____

Do you have school aged children not enrolled in school? [] Yes [] No
School Name _____ City _____

Do you have children under 6 years old? [] Yes [] No

Is affordable childcare a concern for you? [] Yes [] No

Do any of your children have developmental or learning concerns? [] Yes [] No
If yes, please explain:

Arrest History:

Have you ever been arrested? [] Yes [] No
If yes, type of arrest and dates

What was the outcome of your case?

Are you currently on probation or parole? [] Yes [] No
If yes, list probation officer and info

Are you required to report to Court for any matters? [] Yes [] No If yes, when? _____

Do you currently have community service hours you need to work? [] Yes [] No If yes, how many? _____

Do you currently owe court costs? [] Yes [] No If yes, how much do you owe? _____

In what state do you owe court costs? _____

Employment

Are you currently employed? [] Yes [] No
How many hours did you work last week? _____ hours
Was this [] Permanent [] Part-time [] Temporary [] Seasonal?

Are you currently unable to work? [] Yes [] No
Why? _____

When was the last time you were employed?
Approximate date _____ Number of hours _____

Occupation _____

Current Employer Name _____

Position _____

Address _____

How long have you worked there? _____ Approximate Start Date _____

Previous employment (type and duration) _____

Do you have a valid drivers license? [] Yes [] No

If no, are you able to obtain one? [] Yes [] No If no, explain _____

Do you need help with transportation? [] Yes [] No

Transportation fees are \$5.00 each way to be paid at time of transport. Monthly trolley passes are available from staff for \$35.00.



Members in Household

Head of Household

Has ID Paperwork

First Name		Birth Certificate	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
Last Name		Driver's License	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
DOB	Sex	State ID	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
SS#		Social Security card	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
Relationship to HH		Legal Perm. Resident Card	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain

Others in Household

First Name		Birth Certificate	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
Last Name		Driver's License	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
DOB	Sex	State ID	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
SS#		Social Security card	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
Relationship to HH		Legal Perm. Resident Card	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain

First Name		Birth Certificate	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
Last Name		Driver's License	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
DOB	Sex	State ID	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
SS#		Social Security card	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
Relationship to HH		Legal Perm. Resident Card	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain

First Name		Birth Certificate	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
Last Name		Driver's License	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
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Non-Cash benefits

Did you receive any non-cash benefits over the last 30 days? Yes No

(If yes) Which of the following non-cash benefits have you received over the last 30 days?

No	Yes	Pending/Referral		Notes
		Date Applied	Date Referred	
<input type="checkbox"/>	<input type="checkbox"/> Food stamps or money for food on a benefits card			
<input type="checkbox"/>	<input type="checkbox"/> MEDICARE health insurance program			
<input type="checkbox"/>	<input type="checkbox"/> Children's Health Insurance Program			
<input type="checkbox"/>	<input type="checkbox"/> WIC (Nutrition for Women, Infants, and Children)			
<input type="checkbox"/>	<input type="checkbox"/> Veteran's Administration (VA) Medical Services			
<input type="checkbox"/>	<input type="checkbox"/> TANF child care services			
<input type="checkbox"/>	<input type="checkbox"/> TANF transportation services			
<input type="checkbox"/>	<input type="checkbox"/> Other TANF-Funded Services			
<input type="checkbox"/>	<input type="checkbox"/> Section 8, Public Housing, or other rental assistance			
<input type="checkbox"/>	<input type="checkbox"/> Other Source:			

Income

List income from any source over the last 30 days.

Source of Income (Monthly Amounts)	
<input type="checkbox"/> Earned Income	\$
<input type="checkbox"/> Unemployment	\$
Weekly amount \$ _____	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$
<input type="checkbox"/> State Disability Insurance (SDI)	\$
<input type="checkbox"/> Social Security Retirement	\$
<input type="checkbox"/> Worker's Compensation	\$
<input type="checkbox"/> Veteran's Pension	\$
<input type="checkbox"/> Veteran's Disability Payment	\$
<input type="checkbox"/> Pension from a former job	\$
<input type="checkbox"/> Child support	\$
<input type="checkbox"/> Alimony or other Spousal Support	\$
<input type="checkbox"/> Other source- What?	\$
<input type="checkbox"/> No financial resources	
Gross Monthly Income	\$
Gross Annual Income	\$
Net Monthly Income	



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What are your goals while in this program?

What are your goals after you leave program?



Program Rules

1. If accepted to the Life Transformation Program you are required to see Life Management for a mental health screening.
2. You must be employed or obtaining documents for employment to participate in the Program.
3. Copies of your pay stubs are a requirement for the Program
4. We are ZERO tolerance for drugs and alcohol both on and off-site of our facility; random drug tests can and will be performed as staff deems necessary.
5. Classes are mandatory Monday thru Friday from 6:00 PM – 7:00 PM in our classroom.
6. You must be respectful and have a good attitude to staff and all residents at all times.
7. All rules must be complied with or you are at risk for dismissal.

This Program can last from 30 days to one year, depending on how fast you work on getting your life together.

I agree to follow all of the rules listed above and pay my weekly bed fees of \$154.

Signature _____

Date _____

Not Approved

Approved

By: _____
Signature

Date _____