

**Panama City Rescue Mission  
Bethel Village  
Women's Recovery Program**

**Application Form**

Any false or omitted information can and may cause you  
to be denied or terminated from this program.

**Today's Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Soc Sec. #** \_\_\_\_\_

**Contact Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Identification Number** \_\_\_\_\_ **Type of ID** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Race** \_\_\_\_\_

**Marital Status:** Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_ Separated \_\_\_\_

**Do you have children? Y N If yes, list name and age of each child**

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address & Phone #** \_\_\_\_\_

**How far did you go in school ?** \_\_\_\_\_

**Most recent employer** \_\_\_\_\_

**Position** \_\_\_\_\_ **Weekly Income** \_\_\_\_\_

**Are you presently receiving any benefits or income?**

**If so what and how much per month?** \_\_\_\_\_

**Driver's license?** \_\_\_\_\_ **State** \_\_\_\_\_ **Number** \_\_\_\_\_

**Do you currently have any Health/Medical problems?** \_\_\_\_\_

**If yes please explain:** \_\_\_\_\_

**Are you limited to any physical activity** \_\_\_\_\_

**If yes, please explain** \_\_\_\_\_

**Please list any medications or over the counter medications**  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have a serious illness?** \_\_\_\_\_

**Would this illness put other members in the program at risk?** \_\_\_\_\_

**Any injuries or surgery** \_\_\_\_\_  
\_\_\_\_\_

**Do you currently smoke ?** \_\_\_\_\_

**Drug and Alcohol History:**

<b>Type</b>	<b>Amount/Frequency</b>	<b>Last Day Used</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**What problems have you had as a result of using?**  
\_\_\_\_\_

**Previous Treatment? When & Where**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

