

**CONFIDENTIAL**

**Bethel Village  
Women's Recovery Program  
609 Allen Ave, Panama City, FL 32401  
Fax: 850-640-0292**

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: \_\_\_\_\_

Women's Recovery Program Application (continued)

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

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

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

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

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

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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	_____	_____	_____	_____

Women's 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: \_\_\_\_\_