



Submit completed applications to:

Men's Recovery Program:

Point of Contact: Rick Briggs, PhD, Vice President of Programs

Email to: rbriggs@pcrmission.org

Fax to: (850) 763-0099

Deliver to: Panama City Rescue Mission, 609 Allen Avenue, Panama City, FL 32401

Women's Recovery Program:

Point of Contact: Rachel Duvall, Director of Bethel Village

Email to rduvall@pcrmission.org

Fax to: (850) 215-2072

Deliver to: Bethel Village, 1313 E 11th Street, Panama City, FL 32401

All questions must be answered completely.
Failure to disclose information or false information
will result in being denied admission or dismissal from the program.

Today's Date: ____/____/____ Name: _____
Last First MI

Soc Sec. #: ____ - ____ - ____ Date of Birth: ____/____/____ Age: ____

Address: _____
Street City State Zip

Contact Number: (____) ____ - ____ Email: _____

Identification Number: _____ Type of ID: _____

Drivers' License? Y N State: _____ Number: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: (____) ____ - ____
Street City State Zip

Marital Status: Single Married Divorced Separated Widow

If married, where is your spouse? _____ Reuniting? Y N

Do you have children? Y N If yes, list names and ages of all children:

_____ Name	_____ Age	_____ Name	_____ Age
_____ Name	_____ Age	_____ Name	_____ Age



Legal:

Any Pending Charges? Y N If so, what type? _____

Prior offenses? _____ Fees to be paid: \$ _____

If incarcerated, what is your release date? ____/____/_____

Name of Facility (if applicable): _____

When is your next court date (if applicable)? ____/____/_____

On Probation? Y N Time left? _____ Probation Officer: _____

Phone: (_____) _____-_____

Have you ever had contact with Children & Family Services: Y N If so, when? _____

Circumstances? _____ Status: _____

Education: (Check box next to number of years or degree completed)

6 7 8 9 10 11 HS Grad GED Associates Bachelors Masters

Employment: Last Employer: _____ Position: _____

Dates: ____/____/_____ to ____/____/_____ Weekly Income: \$_____.____ Unemployed: Y N

Disabled: Y N Medical reason: _____

Are you presently receiving any benefits or income? Y N

(Alimony, Social Security Disability, Unemployment, Child Support, Food Stamps, other?)

If so, what and how much per month? _____

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

Medical:

Do you have any Medical or Mental Health problems? Y N If so, please describe: _____

Are you limited in any physical activity? _____

Have you had any serious illness or surgery? Y N Is so, please explain: _____



List any prescription meds or over-the-counter medications you are taking:

Medication	Strength	Instructions	Reason Taking

Drug & Alcohol History: Do you smoke? Y N Drink? Y N

Drug Type	Amount/Frequency	Last Day Used

What problems have you had because of using? _____

Have you ever been in treatment for alcohol/chemical abuse? Y N When? & Where? _____

Results of treatment: _____

Family History:	Father	Mother	Siblings	Grandparent
Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General:

How did you hear about this recovery program? _____

What brings you here now? (Please be specific.) _____

What type of help are you looking for? _____

How do you feel this program will help you? _____

_____/_____/_____
Applicant Signature **Date**



Frequently Asked Questions:

Q: How much does the Addiction Recovery Program Cost?

The people who are accepted will have to pay for their own transportation to the Panama City Rescue Mission / Bethel Village. Panama City Rescue Mission and Bethel Village is a non-profit organization so all clients will need to provide funding for their own postal stamps, medications, etc. Other incidental expenses such as dental visits, mental health appointments, health care, etc., may be paid for family or by the client, such services are not provided through our program and are very limited in Bay County.

Q: How long is the Recovery Program?

The people who are accepted into the Recovery Program should be prepared to commit to twelve to fourteen months in the program. Beyond completion of the 45-day basic evaluation, the client will move through phases one through four.

Q: What are the requirements for entering the Recovery Program?

To be accepted into the program, a person must be able to meet the following requirements:

- Must have completely detoxed from all substances. (minimum three – days).
- Must have a self – acknowledged active addiction or be exiting jail with addiction unaddressed.
- Must have valid photo I.D. OR certified birth certificate, social security card, and funds to secure I.D.
- Must not have extensive medical or legal appointments pending or require frequent regularly scheduled mental health, medical or legal appointments.
- Must be willing to wean off any medications that are prohibited.
- If on medication, the client may be required to submit medical history and mental health evaluation.
- Must bring a minimum of 30 days of all approved medications and have a plan to pay for refills.
- Must not have court dates pending in which a jail sentence is likely or that require out of town travel.
- Must be physically able to participate in moderately strenuous work therapy component 32 – 40 hours per week in our thrift store, office, or residential facility.
- Must be able to sleep on a top bunk bed.
- Must be ready to commit to twelve – fourteen months in the program.
- Must be open to the principles and practices of the Christian faith and demonstrate an attitude of readiness for change.

Q: Are phone calls, mail, and visitation allowed?

Students admitted to the program will have no phone calls or visits for the first 45 – days, during the evaluation phase. Students may correspond by letter with approved family members during that time. Incoming and outgoing mail and packages will be monitored. After 45 days students will be assigned a phone night and will have 20 minutes to make no more than 2 calls to approved family members and may begin having family visitations on the specified visitation Sunday afternoons from 1 – 5pm. The client's Visitation Request will have to be approved by their Case Manager along with approved or un – approved family members and spouses. NO pets are allowed during visitation.

Q: What is the tobacco policy?

For women, if you currently smoke as a part of your Case Management plan, you will be required to stop smoking. You may use nicotine patches and lozenges to help you to quit. You are asked to bring these in with you when you come. The 1-800-QUIT line will provide the nicotine patches and lozenges to you at no cost if



you cannot afford them. You may use what we have at the house as well, if we have supplies. No vapes, smokeless tobacco, or loose tobacco of any kind is allowed. Pregnant clients or clients with asthma inhalers are not allowed to smoke at all.

Q: What do I need to bring?

Due to limited space, all items brought in at admission (clothing, shoes, snacks, etc.) must fit inside the space provided – a single door width closet, a bedside drawer, shelf, and a personal snack box. We cannot store out of season clothing and other items. Staff provides periodic store trips for clients to purchase limited items during the program.

Q: Identification Documents:

Picture ID, Driver's License, Certified Birth Certificate, and Social Security Card

Q: Personal Items:

Ibuprofen, Tylenol, or Vitamins (all must be new and sealed bottles), hygiene materials, clothes, socks, shoes, underwear, postal stamps, medications (if approved), personal cash.

Q: Classroom Supplies:

Bible/journal, pens, highlighters, binder, notebook, paper, folders

Q: Clothing:

Modest/casual clothing is appropriate for most activities. Bring casual/dressy clothing for church services. Bring appropriate clothing and shoes (closed toe shoes) for recreation and work program. Length of shorts or dresses should be no more than two inches above the knees. No tiny-straps or low-cut shirts. Shirt straps must be at least 2 inches wide. No heels over 2 ½ inches high. One-piece bathing suits and tankini only.

Q: Optional Items:

Portable CD player, no personal radio or iPods with ear phones (for use after the evaluation phase), Christian DVD's or CD's (no burned CD's) hair dryer, flat iron, curling iron if desired.

Q: Are there any prohibited items?

- Drugs, alcohol, non-approved medication.
- Any over the counter medication or vitamin items with broken seals.
- Anything containing alcohol: mouth wash, cologne, etc.
- Acetone based nail polish remover or aerosol hairspray.
- Pocket knife or any items that could be considered a weapon.
- Cell phone, camera, computer, tablet, iPod, musical instrument, hot plate, toaster, etc.
- Non-approved or secular books, videos, magazines and/or music, or burned CD's.
- Jewelry (no facial or body jewelry allowed) limited number of earrings accepted.
- No cross-gender clothing or items with references to alcohol, gambling, tobacco, or profanity.
- No smokeless tobacco or vapes.
- No energy drinks, Mountain Dew, diet aids or supplements, or high in caffeine teas (Hot Tea, Herbal Tea, Etc.)
- No personal vehicles or pets.

Panama City Rescue Mission and Bethel Village strives to limit students' contact with negative influences. Therefore, staff reserves the right to make discretionary decisions concerning clothing, hair



style, or color of hair, etc. It is imperative that prohibited items are not brought on campus as they are harmful to the individual who brings them, as well as to others in the program. Violators are subject to immediate dismissal.

Q: When can my family visit?

Visitation is every other Sunday afternoon from 1 – 5 pm for students who have met the 45 – day evaluation period and is reserved for approved, immediate FAMILY ONLY: Spouse, Parents, Grandparents, Brothers, Sister, & Children. Girlfriends/Boyfriends/ Fiancés are not considered immediate family and are not allowed contact with students by mail, phone, or personal visits. The client’s visitation request will be approved by their Case Manager along with approved or un – approved visits from their family members or spouse. Guidelines are established for visitors and must be signed on the first visit. No pets are allowed to visit.

Q: How do I or someone I know apply for the Recovery Program?

If you or someone you know would like to apply for the Panama City Rescue Mission or Bethel Village, the candidate must complete the application online, at the PCRM’s front desk, or by having one mailed to you. When the application is completed, you may submit it the following ways:

Men’s Recovery Program:

Email to: rbriggs@pcrmission.org

Fax to: (850) 763-0099

Deliver to: Panama City Rescue Mission, 609 Allen Avenue, Panama City, FL 32401

Women's Recovery Program:

Email to rduvall@pcrmission.org

Fax to: (850)215-2072

Deliver to: Bethel Village, 1313 E 11th Street, Panama City, FL 32401

If the applicant meets basic requirements, a phone interview will be scheduled in the order the applications are received. Upon approval by the Vice President of Programs or Director of Bethel Village, the prospective student must arrive at the respective campus to begin the evaluation phase, which is approximately 45 days.