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?

_____

_____

_____

_____

_____

_____

_____

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:

_____

_____

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.

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GATEWAY
Panama City Rescue Mission

Members in Household

Head of Household

Has ID Paperwork

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

Others in Household

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

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

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Last Name		Driver's License	☐ N/A	☐ Yes	☐ No	☐ Needs to Obtain
DOB	Sex	State ID	☐ N/A	☐ Yes	☐ No	☐ Needs to Obtain
SS#		Social Security card	☐ N/A	☐ Yes	☐ No	☐ Needs to Obtain
Relationship to HH		Legal Perm. Resident Card	☐ N/A	☐ Yes	☐ No	☐ Needs to Obtain

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 Date Applied	Date Referred	Notes
☐	☐	Food stamps or money for food on a benefits card			
☐	☐	MEDICARE health insurance program			
☐	☐	Children's Health Insurance Program			
☐	☐	WIC (Nutrition for Women, Infants, and Children)			
☐	☐	Veteran's Administration (VA) Medical Services			
☐	☐	TANF child care services			
☐	☐	TANF transportation services			
☐	☐	Other TANF-Funded Services			
☐	☐	Section 8, Public Housing, or other rental assistance			
☐	☐	Other Source:			

Income

List income from any source over the last 30 days.

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

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 $140.00

Signature _____ Date _____

☐Not Approved

☐Approved

By: _____
Signature

Date _____