

www.vitalityunlimited.org

## **REQUEST FOR ADMISSION (RFA)**

## **Vitality Transitional Living House**

Admissions: Phone 775-461-0999 ext. 205 | Fax 775-461-0062

email: brooke.miceli@vitalityunlimited.org

Date:			
Applicant Name:	Phone Number:		
Caller Name:	Phone Number:		
Referral Source:			
Have you ever been a Vitality client? Yes No	<del></del>		
Why are you applying for transitional housing?			
Are you currently homeless? Yes No			
APPLICANT INFORMAT	TION		
Mailing Address: PO Box or Street			
	City State Zip		
Email:	DOB:		
Emergency Contact:	Phone:		
Relationship:			
MEDICAL			
Do you have any medical conditions? For example: food alle	ergies, diabetes, heart conditions		
Yes No Explain:			
What, if any, medications are you taking?			
Do you have any medical or physical conditions that would prin house activities? Yes No If yes, explain	revent you from being able to participate n:		
Are you able to work? Yes No Explain:			
Do you require any of the following? Wheelchair	Walker Oxygen		
Are you able to go up and down stairs? Yes No Exp	lain:		

Have you ever attempted suicide? Yes No If yes, explain:					
Have you ever been diagnosed with a mental health disorder? Yes No If yes, explain:					
		LEGAL			
Are you currently involved	with the legal, judic	ial, or criminal justice sy	stem?	Yes No	
Explain:					
Dates: Have you ever been arrest domestic offenses?  Y	ed for, charged with es No	n, or convicted of a sexu	ıal or viole	ent crime including	
Explain:					
Dates:					
When would you like to mo	ove in?				
	SIIR	STANCE USE			
SUBSTANCE	DATE OF LAST			FREQUENCY	
	USE				
Alcohol					
Methamphetamines					
Cocaine					
Heroin/Opiates					
Marijuana					
Club Drugs (Ecstasy, Molly, Acid, GHB)					
Sedatives/Tranquilizers					
Prescription Medications					
Inhalants					
Tobacco					
Synthetic Drugs					
Maintenance Drugs (Methadone, Suboxone, Vivitrol)					

Have you ever had DTs, hallucinations, or severe withdrawals?

Yes

No