

www.vitalityunlimited.org

REQUEST FOR ADMISSION (RFA)

Admissions Department: Cell 775-934-8537 | Fax 775-461-0062

email: intake@vitalityunlimited.org

Date:						
Applicant Name:	Phone Number:					
Caller Name:	Phone Number:					
How did you hear about Vitality?						
Have you ever been a Vitality client? ☐Yes	□No	Are you	motivated for tr	reatment?	 ∕es □Nc	
Why are you applying for treatment?						
APPLICAN	NT INF	ORMATIO)N			
Address			_			
PO Box or Street			City	State	Zip	
Email			_	_	_	
DOB Social Security No			_ Gender	□Male	□Female	
Emergency Contact			_ Phone _			
Relationship			_			
N	MEDICA	AL				
Do you have any of the following? □Food Alle	ergies	□COPD	□Diabetes □	□Incontinence	e □No	
Explain						
Do you have active insurance? □Yes	□No					
Primary Insurance		_ Name o	of Policy Holde	r		
Member number		SSN DOB				
Secondary Insurance		_ Name o	of Policy Holde	r		
Member number		SSN		_ DOB	DOB	
Are you taking medications? □Yes □No If	f yes, v	vhat medio	cations are you	taking?		
Do you have any medical or physical conditions treatment? (For example, pregnancy or needing		•	•			

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Do you require any of the fo	ollowing? □Wh	neelchair □Walker	□Oxygen □No			
Have you ever attempted s	ve you ever attempted suicide? \Box Yes \Box No If yes, when and explain:					
Have you ever been diagno	osed with a mental	health disorder? □Yes	□No If yes, explain:			
LEGAL						
Are you currently involved v	with the legal/judici	al system? □Yes	□No			
domestic offenses?	ed for, charged with lYes □No	n, or convicted of a sexua	al or violent crime including			
Explain						
	SUB	STANCE USE				
SUBSTANCE	DATE OF LAST USE	AMOUNT	FREQUENCY			
Alcohol						
Methamphetamines						
Cocaine						
Heroin/Opiates						
Marijuana						
Club Drugs (Ecstasy, Molly, Acid, GHB)						
Sedatives/Tranquilizers						
-						
Prescription Medications						
Prescription Medications Inhalants						

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PLANNING FOR TREATMENT AT VITALITY

Please limit the amount of luggage you bring to treatment.

- 1. **Free** your schedule of all obligations and appointments: legal, medical, dental, CPS, court, etc. You must take care of your pending issues prior to entering treatment.
- 2. You will need two (2) forms of identification such as a driver's license, photo ID, Social Security card, or birth certificate.
- 3. If uninsured, you must have proof of household income for the past calendar year. Paycheck stubs, W2s, tax returns or a notarized letter from an acceptable agency.
- 4. **MEDICATION:** If you are taking prescribed medication, it is your responsibility to provide them.
 - BRING A FULL 30-DAY SUPPLY OF ALL APPROVED MEDICATIONS.
 - Admissions Coordinator must approve all medication during the application process.
 - If you have unauthorized medication in your possession upon admission, it will be destroyed.
 - HPN does not contract with pharmacies regardless of their other affiliation, e.g. Raley's, Walmart, etc.
 - HPN Consumers must be prepared to pay for their medications.
 - All Consumers regardless of their payor source, e.g. private or public health insurance will be charged for Blister Packs a required method used to package your medication.
- 5. **CLOTHING:** Vitality Unlimited's dress code is strictly enforced. Staff will confiscate any clothing deemed inappropriate. The confiscated clothing will be returned at the time of discharge. Bring enough clothing and undergarments (socks, underwear, bras) for seven (7) days. Please do not over pack. We have laundry facilities.
 - Pants must fit properly and shouldn't have holes or rips. You will not be allowed to wear skin-tight or sagging pants.
 - Clothing that is considered provocative, gang related, drug and alcohol related, or otherwise overtly controversial, is not allowed.
 - Certain clothing may not be suitable. Hooded shirts or sweatshirts are only allowed to be worn outside.
 - It is mandatory for Consumers to sleep in pajamas or sweatpants and T-shirts.
 - Slippers are needed and a robe is suggested.
 - No open-toed shoes.
 - Please be mindful of the time of year and bring seasonally appropriate items.
- 6. **HYGIENE PRODUCTS:** Read all product labels.
 - Products containing alcohol are not allowed.
 - Aerosols of any type (hairspray, foot spray, deodorants) are not allowed.
 - You should bring your personal toiletries: soap, toothbrush, toothpaste, deodorant, sunscreen, body lotion, shampoo, conditioner, hair dryer, curling iron, etc.
- 7. For journaling or writing letters bring non-wire bound notebooks/pads, stamps, and envelopes.
- 8. All consumers will be charged \$50.00 per trip for medical transport. Medicaid clients are excluded.
- 9. Consumers must purchase any vaping products from Vitality. Outside products are not allowed. \$25.00 for vape base and starter tip, \$23.00 for every two vape tips after that. Underage youth will not be allowed to purchase or use vaping products.

- 10. PLEASE NOTE: Communication with family and friends will be restricted to written form for the first ten (10) days of treatment.
- 11. Vitality Unlimited will not be liable for lost or stolen items. Do not bring items of value. Please leave valuables at home.

DO NOT BRING THE FOLLOWING ITEMS TO TREATMENT AT VITALITY

3-Ring binders Electronic games Sharp objects
Alcohol Food Spiral notebooks

Ballpoint pens Gum Tattoo guns or paraphernalia

Bed linens or sheets Guns Television

Beverages Herbs Tobacco replacement products

Bicycles Highlighters Tools
Blankets or throws Illegal drugs Towels

Camera Ink/Gel pens Un-authorized prescriptions

CandyiPodsVape juiceCD/DVD playersKnivesVapesCell phonesLatex/Nitril rubber glovesVitaminsCigarettesMarkersWeapons

Colognes Mechanical pencils

Commit lozenges Mouthwash

Condoms Nail polish or remover Cough drops Nicotine patches

E-cigarettes Perfume
Electric razors Radio
Electric toothbrushes Scissors

Be aware that if any of the above-mentioned items are brought to Vitality, they will be removed immediately and/or may be destroyed.

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