

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 r	notivated for tre	eatment? 🗆	Yes ⊡No	
Why are you applying for treatment?					
APPLICA	ANT INFORMATIO	N			
Address PO Box or Street					
		City	State	Zip	
Email		- 0 1			
DOB Social Security No			□Male	□Female	
Emergency Contact					
Relationship		_			
	MEDICAL				
Do you have any of the following? □Food A	llergies □COPD	□Diabetes □		ce ⊡No	
Explain					
Do you have active insurance? □Yes	□No				
Primary Insurance	Name o	of Policy Holder			
Member number	SSN		DOB		
Secondary Insurance	Name o	of Policy Holder			
Member number	SSN_		DOB		
What medications are you taking?					
Do you have any medical or physical conditio in treatment? □Yes □No	-	ent you from be res, explain:	eing able to p	oarticipate	

Do you require any of the following?	□Wheelcl	nair	□Walker	□Oxyger	n □No			
Have you ever attempted suicide?	□Yes	□No	If yes, when and explain:					
Have you ever been diagnosed with a m	nental healt	h disorde	r? ⊡Yes [	⊒No If y	es, explain:			
LEGAL								
Are you currently involved with the legal	/judicial sys	stem?	□Yes	□No				
Explain								
Explain								

SUBSTANCE USE							
SUBSTANCE	DATE OF LAST USE	AMOUNT	FREQUENCY				
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? $\Box$ Yes	s ⊡No
--	-------

## 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 45-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.
- 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 Alcohol **Ballpoint pens** Bed linens or sheets Beverages **Bicycles** Blankets or throws Camera Candy CD/DVD players Cell phones Cigarettes Colognes **Commit lozenges** Condoms Cough drops E-cigarettes Electric razors Electric toothbrushes Electronic games Food Gum Guns Herbs Highlighters Illegal drugs Ink/Gel pens iPods Knives Latex/Nitril rubber gloves Markers Mechanical pencils Mouthwash Nail polish or remover Nicotine patches Perfume Radio Scissors

Sharp objects Spiral notebooks Tattoo guns or paraphernalia Television Tobacco replacement products Tools Towels Un-authorized prescriptions Vape juice Vapes Vitamins Weapons

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