



www.vitalityunlimited.org

REQUEST FOR ADMISSION (RFA)

Vitality Recovery House

Admissions: Phone 775-461-0025 | Fax 775-461-0512

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

Why are you applying for transitional housing? _____

Are you currently homeless? Yes No When would you like to move in? _____

APPLICANT INFORMATION

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 allergies, diabetes, heart conditions
 Yes No Explain: _____

What, if any, medications are you taking? _____

Do you have any medical or physical conditions that would prevent you from being able to participate in house activities? Yes No If yes, explain: _____

Are you able to work? Yes No Explain: _____

Do you require any of the following? Wheelchair Walker Oxygen No

Are you able to go up and down stairs? Yes No Explain: _____

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, judicial, or criminal justice system? Yes No

Explain: _____

Dates: _____

Have you ever been arrested for, charged with, or convicted of a sexual or violent crime including domestic offenses? Yes No

Explain: _____

Dates: _____

TREATMENT

Have you previously received, or are you currently receiving, inpatient services? Yes No

If yes, provide the dates of service: _____

Name of the facility: _____

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? Yes No