



www.vitalityunlimited.org

## REQUEST FOR ADMISSION (RFA)

### Vitality Recovery House

Admissions Phone: 775-409-3436 | Fax: 775-461-0512

email: [david.bercea@vitalityunlimited.org](mailto:david.bercea@vitalityunlimited.org)

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Caller Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Discharge date from residential care: \_\_\_\_\_ 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