VITALITY UNLIMITED
VITALITY INTEGRATED PROGRAMS
COMPLETE BEHAVIORAL HEALTH

www.vitalityunlimited.org

REQUEST FOR ADMISSION (RFA)

Vitality Recovery House

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

email: marshall.gledhill@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