



REQUEST FOR ADMISSION (RFA)

Central Intake Department Fax Number: (775) 624-5012

Please circle your facility preference and it will be taken into consideration.

WM/ DETOX: INPATIENT: Date: _____ Time: _____

Person Calling: _____ Relationship: _____

RFA Name: _____ Referral Source: _____

() _____ () _____ () _____

Caller's Phone Number

RFA's Home Phone

RFA's Cell Phone

Address: _____

P. O. Box or Street

City

State

Zip Code

How long at this address? (months/years) _____ Are you homeless? _____ Are you a Veteran? _____

Age: _____ DOB: _____ Social Security #: _____ - _____ - _____ Male: _____ Female: _____

PLEASE LIST ALL SUBSTANCES OF ABUSE: (including alcohol)

ALCOHOL AND DRUGS BEING USED	AGE OF FIRST USE	NUMBER OF DAYS USED IN THE LAST 30 DAYS	NUMBER OF YEARS USED	DAILY CONSUMPTION AMOUNT	METHOD OF USE	TREATED FOR PREVIOUSLY	FACILITY/ LOCATION ATTENDED

Date of Last Use: _____ Are you an IV drug user? Yes: _____ No: _____

Do you Smoke or Chew Tobacco? (Please circle) Yes No Are you experiencing withdrawal symptoms? (Please circle) Yes No

List symptoms: _____

IS THE CLIENT CURRENTLY USING METHADONE OR SUBOXONE: YES NO

Have you ever used methadone: (Please circle) Legally Illegally Never Liquid or Tablet Dose: _____ Date taken: _____

PERSONS THAT TEST POSITIVE FOR METHADONE WILL NOT BE ADMITTED INTO TREATMENT

Have you ever used Suboxone: (Please circle) Legally Illegally Never Dose: _____ Date taken: _____ From Where: _____

Medical Conditions: _____

All Medications	Reason	Prescribing Doctor

List All Allergies (Medications, Animals and Foods): _____

Seizures: (Please circle) Yes No If yes: Date of last seizure: _____ Cause: _____

Mental Health Concerns: _____

Are you having suicidal or homicidal ideations: (Please circle) Yes No If Yes explain: _____

Have you had any past suicide attempts: (Please explain) _____

Are you any of the following: (Please circle) Incontinent Yes No Pregnant Yes No Combative/Violent Yes No

Have you been convicted of a violent crime: _____

Were you under the influence at the time: _____ Which substance: _____

Have you been convicted of a sexual crime: _____

Do you have any legal involvement currently: _____

Are you covered by any of the following: (Please circle) Health Insurance: Yes No Medicaid: Yes No

(If yes to either please fill out insurance information on the 2nd page)

FOR STAFF USE ONLY

Staff Member taking info: _____

VC: Bert Called: _____ Approved Denied
Ridenour Called: _____ Approved Denied

Client Signature

Date

ALL BILLING CONCERNS WILL BE HANDLED BY THE BILLING DEPARTMENT



INSURANCE INFORMATION

A COPY OF THE INSURANCE CARD MUST ACCOMPANY THIS APPLICATION

Insurance Company: _____
Medicaid ID #: _____
Member ID #: _____ Group #: _____
Prior Authorization / Pre-Certification Phone #: _____
Copy of card: Yes: _____ No: _____

SUBSCRIBER INFORMATION

Insured's Name: _____ Relationship: _____
Insured's SSN: _____ - _____ - _____ Insured's Date of Birth: _____
Insured's Address: _____
City: _____ State: _____ Zip Code: _____
Insured's Telephone Number(s): _____
Insured's Employer: _____

FOR BILLING STAFF USE ONLY

INSURANCE CONTACT INFORMATION

Pre Authorization: DETOX RESIDENTIAL
Date Called: _____ Name of Representative: _____ Ref #: _____
IN Network Provider: _____ Deductible Amt: _____
Premiums Paid Through: _____ Cobra Available: _____
CO-PAY REQUIRED: _____ Expected Patient Out of Pocket Expense: _____
Claims Address: _____
Substance Abuse Benefits Available: _____

Immediate Clinical & Initial Approval

Clients Arrival Date and Time: _____ Admitted to: DETOX RESIDENTIAL
Assessment Completed: _____
Insurance Contacted: _____ Representative: _____
Approval Received Through: _____
Written Confirmation received: _____
Date of next review: _____
Notes: _____



RESIDENTIAL TREATMENT PACKING LIST

VITALITY CENTER AND VITALITY CARSON CITY ARE TOBACCO FREE FACILITIES

CLIENTS MUST HAVE:

- A schedule FREE of obligations; Legal, Medical, Dental etc. You must take care of your obligations PRIOR to entering treatment.
- Two forms of identification such as driver's license, photo ID, social security card or birth certificate.
- Proof of uninsured client's house hold income for the past calendar year. Pay check stubs, W2's, Tax Returns or a notarized letter from an acceptable agency.
- A FULL 30 DAY SUPPLY OF ALL APPROVED MEDICATIONS. Clients must disclose all medications to the intake coordinator during the application process for approval. All unauthorized meds will be destroyed and can result in immediate discharge from the program.
- HPN does not contract with Elko County pharmacies regardless of their other affiliation e.g. Raley's, KMART, Wal Mart etc. HPN clients must be prepared to pay for their medications.
- All clients 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.
- All clients will be charged \$50.00 per trip for medical transport.
- Enough appropriate clothing and undergarments e.g. socks, underwear, panties, bras for seven (7) days. Please don't overdo it, we have laundry facilities.
- Pants: NO holes or rips. Jeans must fit properly!!! NO skin tight or sagging jeans will be allowed.
- Clothing that is considered provocative and gang related will need to be approved by the Rehabilitation Technician III upon your arrival. Certain clothing may or may not be suitable. NO white T-shirts will be allowed.
- Hooded shirts or sweatshirts are not acceptable attire for indoor wear and are only allowed to be worn outside.
- It is mandatory for clients to sleep in p.j.s or sweat pants and t-shirts. Clients need slippers and a robe are suggested.
- Please be mindful of the time of year and bring items that are appropriate for the season. Keep in mind that it can be very cool in the evenings and hot during the days. Heavy coat or jacket, boots or heavy shoes, heavy socks and gloves may be necessary in winter.
- Hygiene products; soap, toothbrush and toothpaste, deodorant, sunscreen, shampoo and conditioner etc. Please make sure to read all product labels, there must be no alcohol in the first 5 ingredients in all toiletry products.
- Clients must purchase any Tabaco replacement products from the client store.

***Please be aware that anything containing alcohol will be sent home or destroyed. Read all labels carefully before bringing products with you. The dress code is strictly enforced and anyone determined to be wearing inappropriate clothing will be asked to turn the items into staff and will not be allowed to wear them again.**

PLEASE NOTE: Communication with family and friends will be restricted to written form for the first half of the treatment stay. For example: 30 day = 15 day black out.

VITALITY UNLIMITED will not and CAN NOT mail prescription to the clients. All clients must be responsible for signing out their medication upon discharge. Any medication left behind will be destroyed.

SUGGESTED ITEMS CLIENTS SHOULD BRING:

- Telephone Card. All out bound calls will require a calling card.
- Non-wire bound notepads for writing letters along with stamps and envelopes.
- Hair dryer, curling iron etc.

PLEASE LIMIT THE AMOUNT OF LUGGAGE YOU BRING TO TREATMENT. VALUABLES SHOULD BE LEFT AT HOME AS VITALITY WILL NOT BE LIABLE FOR LOST OR STOLEN ITEMS.

THINGS YOU MUST NOT BRING INTO TREATMENT:

- Any sort of Alcohol, Illegal Drugs, or un-authorized prescriptions, herbs, vitamins or supplements.
- Tobacco or replacement products must NOT be brought into treatment, include Commit lozenges and nicotine patches.
- No food or beverages of any kind including; candy, gum and cough drops.
- Nothing with alcohol, please read the labels on your toiletries.
- Nothing in an aerosol can such as hair spray, foot spray, deodorants.
- Electric toothbrushes, electric razors, perfume or colognes, nail polish, polish remover or mouthwash.
- Bed linen, blankets, throws, pillows, plush toys, or towels, etc. These items will be provided for you.
- Ball point or ink pens, mechanical pencils, markers, highlighters, or wire bound notebooks.
- Magazines or books. Exceptions will be made for approved school or recovery books.
- Bicycles or skateboards.
- Weapons of ANY kind this includes sharp tools and scissors.
- Tattoo guns or drug paraphernalia.
- Condoms.
- Latex or rubber gloves.
- Electronic games, radios, TV's or cameras.
- Cell phones, beepers, iPods, MP3 players, CD players, DVD players, or lap tops.
- Tight, revealing clothing or pants that hang on the hips or at the crotch. No gang affiliated or racist logos or clothing.

***Please be aware that if any of the above mentioned items are brought in, they will be removed immediately and/or may be destroyed. .*