New Frontier
A Non-Profit Corporation

Dedicated to Promoting Individual, Family and Community Wellness - Through a Variety of Substance Abuse and Behavioral Health Services

1490 Grimes Street
Fallon, Nevada 89406
Mailing address: P.O. Box 1240 Fallon, Nevada 89407
Ph: (775) 423-1412 or 1 (800) 232-6382 Fax: (775) 423-9142

Office Use Only:
Date Application Received: _____ Admission Date: _____ Client NHIPPS No._____

RESIDENTIAL APPLICATION

All information must be completed in order for application to be processed

Personal Information (please print)

_____Date:_____
Last **First** **Middle**
Home Address_____City_____County_____
Temporary Address_____ City_____ County_____
State_____ Zip_____ Years at Address_____
Home ( )_____Work ( )_____ Message ( )_____
Cell ( )_____ Email _____
Social Security #_____ DOB:_____
Gender: Male___ Female___ Transgender: Yes___ No___

Referral Source _____Contact_____Phone #_____

Permanent Contact_____ _____
Phone #_____ Relationship

Race: *Circle one* None Selected / Alaska Native (Aleut, Eskimo, Indian) / American Indian (Other than Alaskan Native) / Asian / Native Hawaiian / other Pacific Islander / Black or African/ White / Other Single Race / Two or more Races / Unknown

Ethnicity: *Circle one* Unknown / White (not of Hispanic origin) /Black (not of Hispanic origin) / American Indian / Alaskan Native / Asian or Pacific Islander / Hispanic-Cuban / Other Hispanic

Religion: *Circle one* None Protestant Catholic Jewish Islamic Other

Mother's First Name (1st 3 Letters) _____
Client's Birth City_____
Caller Identity: Self___ Family member___ Friend___ Employer___ Other ___
US Citizen: Yes___No___
Veteran: (Circle one) Not a veteran / Vet w/honorable discharge / Vet w/other than honorable discharge / Active Duty / Unknown

Marital / Social History:
Current marital status: ___Married ___Divorced ___Separated ___Single ___Widowed
Pregnant: Yes___No___Due Date: _____ Are you receiving prenatal care? Yes___No___
Number of Children:____ Ages _____Are they currently in your care? Yes ___No___
Is CPS or DCFS involved with children: Yes___ No___

PLEASE LIST ALL SUBSTANCES USED (Including alcohol)

ALCOHOL & DRUGS BEING USED	AGE OF FIRST USE	# OF DAYS USED IN LAST 30 DAYS	# OF YEARS USED	DATE OF LAST USE	AMOUNT USED DAILY	METHOD OF USE	TREATED FOR PREVIOUSLY	FACILITY/ LOCATION ATTENDED

Are you an I.V. user? Yes___No___ If yes, for how long? _____
Are you currently using Methadone or Suboxone? Yes___No___ If yes, how long: _____
Have you had a physical/medical exam within the last 30 days? Yes___No___By whom_____
Have you had seizures? Yes___No___ Date of last seizure: _____ Cause: _____
Do you have any current or past mental health issues? Yes___No___Diagnosis: _____
Have you ever had or are you now experiencing any suicidal or homicidal ideations?Yes __ No__
Explain_____
Have you had any past suicide attempts? Yes___No___ Explain_____
Do you have any physical/mental disabilities that may interfere with treatment or for which you may need special accommodations? Yes___No___ Explain_____

PLEASE LIST ALL PRESCRIPTIONS YOU HAVE TAKEN IN THE LAST 30 DAYS

*Check box if currently taking med * List additional meds on back of this sheet*

MEDICATION	REASON FOR TAKING MED	PRESCRIBING DOCTOR
☐		
☐		
☐		
☐		
☐		

List all allergies (Medications, Animals, Food): _____

Indicate if you have had any of the following health problems: Please circle Yes or No

Heart Disease	Y / N	Liver Disease	Y / N	Head Trauma	Y / N
Stroke History	Y / N	Hepatitis (A, B, C)	Y / N	Anxiety	Y / N
High Blood Pressure	Y / N	Tuberculosis	Y / N	Diabetes	Y / N
Internal Bleeding	Y / N	Respiratory	Y / N	Recent Surgery	Y / N
Ulcers	Y / N	Epilepsy	Y / N	S.T.D.	Y / N

Do you have any contagious illnesses or conditions? Yes___No___ Explain _____
_____
Any history of physical or sexual abuse? Yes___No___
Have you ever been convicted of a sex crime? Yes___No___ If yes, complete criminal history form

Have you ever been convicted of a violent crime? Yes___No___ If yes, complete criminal history form
Are you currently incarcerated? Yes___No___ If yes, how long? _____
Current Probation/Parole Officer: _____ Phone# _____
Do you have any legal issues or court dates? Yes___No___ Court date/County _____
Any outstanding warrants? Yes___No___ Type_____County_____
Have you been ordered/referred into treatment by any of the following?

CPS	_____	Social Worker	_____	Counselor _____	Other:
Court	_____	Probation/Parole	_____	Physician _____	_____

Do you know anyone currently in the Residential Program?Yes__No__Who/Relationship _____
List names and dates of treatment programs that you have participated in for Residential or Outpatient for substance abuse and/or mental health in the last year:.
Name _____ Dates _____
Name _____Dates _____
Please list earliest date you are available to come into treatment: _____
Do you have any medical/dental or other appointments scheduled? Date/Where _____

What is your monthly income amount?_____Source_____
How will you pay for treatment? Funding source (Self, Drug Ct., Insurance,IHS etc.) _____
Do you have health insurance? Yes___No___ Check appropriate coverage

Medicaid	____	VA	____	Champus/Tricare (circle one)	____	Other	_____
Medicare	____	IHS	____	Private Insurance	____	_____	

Name_____Policy #_____Group #_____
Claims phone# on back of card: _____

Smoking /Tobacco Products: Effective July 1, 2002, NFTC is a total non-smoking/tobacco free environment.

Wait List

You do have the option of being placed on the waiting list for the next available bed. New Frontier Treatment Center is required to abide by SAPTA's priority admission list to determine who receives the next available scheduling date. Admission prioritization is as follows: 1) Pregnant IV users 2) Pregnant users 3) Non-pregnant I.V. users 4) All other substance users. To be placed on the waiting list it is mandatory to have a phone number where you or a representative you designate by a signed release can be reached. Please list first and last name of the person to be contacted if someone other than you.

Contact: _____ Phone # _____

Client Signature:_____ **Date:**_____

If you have any further questions, please do not hesitate to call New Frontier during business hours 8:00 a.m. – 5:00 p.m. Monday-Friday at (775) 423-1412.

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