

PROGRAM APPLICATION FOR FAIRVIEW HOUSING



Referring Facility or Agency:

Facility Name:			
Facility Address:			
	Street	City	Zip Code
Person Making Referral:			
Contact Number:		Fax Number:	
Date of Referral:			

Applicant Information:

- Bristol Lifestyle Recovery**
 Mended Women Lifestyle Recovery
 IOP Services

Name:			
Mailing Address			
	Street	City	Zip Code
Date of Birth:		Social Security Number:	
Phone Number:		Second Contact Number:	
Primary Insurance:		Medicaid ID Number: Pharmacy ID # (RX):	
Discharge Date:		Date Bed Needed at BLR:	

Current Housing Needs:

What is the applicant's current housing plans if not accepted at Bristol Lifestyle Recovery?	
Is the applicant at high risk for Homelessness?	

Has the applicant been convicted or accused of any sexual offenses? If so, please describe.	Yes	No
Has the applicant been convicted or accused of any violent offenses? If so, please describe.	Yes	No

Screening Information:

Has the applicant been free of substances for the past 30 days (or will they have completed a detox by the time of the requested admission)?	Yes	No	Estimated date of when they will have completed 30 days of detox: _____
Has the applicant been diagnosed with a substance use disorder (SUD)? If so, please include the diagnosis (Dx codes are acceptable)	Yes	No	Diagnosis: _____ Diagnosis: _____
Will the resident be receiving Medication Assisted Treatment Services and/or will that follow up be scheduled prior to their discharge from your facility?	Yes	No	_____ Potential Follow up Provider
Are there any medical issues that are currently not under control or being addressed by a physician? For example, uncontrolled diabetes, high blood pressure, chronic kidney disease.	Yes	No	Complete medical portion or submit a copy of medical records. Medical records will be required for anyone deemed to need medical clearance.
Is the applicant in need of mental health services? Please list primary symptoms:	Yes	No	Symptoms: _____
Any current suicidal thoughts?	Yes	No	
Any history of suicidal attempts?	Yes	No	When?
If yes, was there a hospitalization? RECORDS MAY BE REQUIRED	Yes	No	Where?
Summarize why the applicant wants to receive services at Bristol Lifestyle Recovery			

Medical Information and Medication

Diagnosis or Description	Name of Physician	Contact Info for Physician

List of Medications: (You may attach your facility Medication List instead if you prefer)

Name of Medication	Dosage	Frequency	Prescriber

Questions? To speak with an Admissions Specialist:

Bristol, VA - Men's Program: (276) 821-8030
Abingdon, VA - Women's Program: (276) 451-3996

Business Hours: 8:30 am-4:30 pm EST, Monday-Friday

FOR FASTEST PROCESSING OF YOUR APPLICATION:

**PLEASE FAX COMPLETED FORM, ALONG WITH CURRENT MEDICAL RECORDS AND
'BRIEF MEDICAL HISTORY' FORM TO:**

Bristol Lifestyle Recovery (Men) Fax: 423-900-2435
Mended Women Lifestyle Recovery (Women) Fax: 276-451-7626