



Hope and Recovery Center

210 Starting Point Drive Ponca City, Oklahoma 74601

PHONE (580)762-6617 or (580) 485-7594

FAX (580)762-1199

Dear Potential Client,

We would like to thank you for inquiring about admissions to our 60-day residential treatment program. The application must be completed in full, with all required items as soon as possible. Your application will not be accepted until all items are complete. Once your application has been approved you will be notified as soon as possible, of admission, being placed on a waiting list if needed, or referred to another treatment facility more appropriate for your needs. Application needs to be completed within 30-days or it will not be considered, and you will have to reapply.

Items needed:

- 1) **Complete application. Medical form must be completed by a physician.**
- 2) **Must have labs with results attached. (Hepatitis panel, TB results, Covid-19 test, Covid-19 vaccination card). *Covid Vaccines will be required. If you have not received the vaccines, you may do so through White Eagle Health Center after admission.**
- 3) **Completed biopsychosocial (ASI, etc.) from a licensed provider (LMHP).**
- 4) **Completed mental health evaluation from a licensed provider (LPC, LADC).**
- 5) **Two forms of identification such as: Copy of Driver's license/State ID, CDIB, Social Security Card and insurances (Medicare/Medicaid, or private insurance.)**
- 6) **Establish medical chart at White Eagle Health Center.**

****If you are seeking admission for alcohol use, opiate use or benzodiazepine use, you will be required to provide proof from a physician you are cleared to enter the facility, or you will need a copy showing proof you attended a detox facility. The letter will need to be within 24 hours before admission to facility. ****

Acceptance into treatment

- Medication must be refilled for at least 30 days before admittance. Must have a full medication list from a physician and no narcotics.
- Bring any court papers or DHS papers with contact information (if applicable).
- A required urinalysis will be administered during admittance and random drug testing will be required for the duration of your time at Hope and Recovery. A positive urinalysis is immediate termination from the program.

Application for Inpatient Treatment

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

Enrolled Tribe: _____

Substances Used: _____

Date of last used: _____

Administration of substance:

nasal oral smoking IV

Patient Medical Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Sex: _____

Tribe: _____

Medical History (Relevant History)

Allergies:

Physical Findings:

Height: _____ Weight: _____ BP: _____

Heart: _____

Lungs: _____

Abdomen: _____

Extremities: _____

Vital Signs: _____

PPD Results _____

Please indicate any over the counter medications the patient may be given as needed. (ibuprofen, Tylenol etc.)

Physician Statement:

The patient named above is considered to be medically stable to participate in residential treatment for alcohol and/or substance abuse.

Print Physician Name

Date

Signature of M.D., D.O., F.N.P., or P.A.

Name of Medical Facility: _____

Address: _____

Phone: _____ Fax: _____

Smoking

- Smoking is allowed in designated areas outside of the facility.
- Clients are to provide their own cigarettes.
- Staff and Clients may not provide cigarettes to other clients.

Phone Call

- Phone calls are between 4:30 pm- 6:30 pm. All clients will be allowed 15 minutes for phone calls daily.
- All calls will be approved by case manager, counselor, and other authorized staff.

Mail

- Mail is allowed to be sent out daily.
- Must have own postage stamps.
- No mail will be accepted from Department of Corrections or jails.
- Mail will be screened by staff and dispersed to client after.
- No mail will be given to client that could be hazardous or inappropriate.

Electronic mail

No electronic devices are permitted in the Hope and Recovery facility. No cell phones, tablets, laptops etc. are allowable in the facility at any time.

Hope and Recovery Admissions

Items Needed:

- Blankets, sheets, comforters, pillows fitted for a twin-size bed.
- Towels and washcloths.
- Hygiene products (shampoo, bodywash etc.)
- 5-7 days of clothes. Be sure to have weather permitting clothes (jacket/coat)
- Proper gym clothing for working out (shoes, sweatpants, etc.)
- Paper, stamps, envelopes.
- Cigarettes, gum patches.
- Medication with at least 30-day supply.
- Court, DHS/ICW papers if applicable.
- Covid-19 Vaccine Card if applicable.
- All money will be locked in a lock box. No large amounts will be allowed.
- Books are allowable.

Do Not Bring

- Any substances (drugs, alcohol)
- Any electronic devices (radio, cellphone, etc.)
- Weapons (knives, guns, etc.)
- No clothing promoting substance use.
- No alcohol-based substances (mouthwash, fingernail polish remover, etc.)

Dress Code:

Women:

- No sleeveless shirts, tank tops strapless, etc.
- No low-cut shirts
- No miniskirts, short shorts, jeans with rips above the mid-thigh.
- Appropriate clothing for gym (no tight leggings).

Men:

- No tank-tops
- No shirt or shorts/jeans ripped or tears in inappropriate places.
- Appropriate clothing for gym.

*Any item deemed unacceptable will be taken away until after discharge. Anything that is left behind will be disposed of after one (1) week from leaving the facility.