



# Hope and Recovery Center

210 Starting Point Drive Ponca City, Oklahoma 74601  
**PHONE (580)749-7322 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 forms as soon as possible. Your application will not be accepted until all forms are complete. Once your application has been received in full, our admission staff will contact you to complete a phone interview. 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.

Admission Criteria:

- 1) The client should be mobile. The facility meets the standard for handicap use and the client must be able to follow the basic physical demands of our treatment program. Client must be physically & mentally capable of carrying out the basic detail duties that are rotated among clients each week.**
- 2) The client must be eighteen (18) years of age or older. Married, engaged, or cohabitating couples will not be accepted concurrently.**
- 3) Client must be willing and able to participate in his/her treatment program.**
- 4) Each client will be required to have a full physical prior to admittance.**
- 5) If you are court ordered to attend treatment you will need to provide documentation from the court.**
- 6) If you have an active warrant, we will still review your application and make a decision.**

If you have any questions, please contact our admissions office at (580) 749-7322.

Thank you,

Admissions Team

**Application for Inpatient Treatment**

**CLIENT INFORMATION**

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

PHONE # \_\_\_\_\_ GENDER \_\_\_\_\_ TRIBE(S) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

HAS APPLICANT PARTICIPATED IN RESIDENTIAL TREATMENT PROGRAM BEFORE?  YES  NO

IF YES, PLEASE PROVIDE DATE AND LOCATION OF PRIOR TREATMENT:

LOCATION OF TREATMENT \_\_\_\_\_ DATE \_\_\_\_\_

**LEGAL INFORMATION**

ARE YOU COURT ORDERED TO ATTEND TREATMENT?  YES  NO

**IF YES, PLEASE PROVIDE DOCUMENTATION**

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH A CRIME INVOLVING DOMESTIC VIOLENCE AND/OR ASSAULT?  YES  NO

PLEASE LIST YOUR ATTORNEY OR PROBATION OFFICERS NAME (IF APPLICABLE):

\_\_\_\_\_

PHONE #: \_\_\_\_\_

**SUBSTANCE USE HISTORY**

<b>SUBSTANCE</b> <b>PLEASE CHECK SUBSTANCE USED</b>	<b>DATE LAST USED</b>	<b>AMOUNT USED</b>
<input type="checkbox"/> Tobacco Products (cigarettes, chewing tobacco, etc.)		
<input type="checkbox"/> Alcohol		
<input type="checkbox"/> Cannabis (marijuana, medical marijuana, etc.)		
<input type="checkbox"/> Cocaine (crack, coke, etc.)		
<input type="checkbox"/> Amphetamine type substances (speed, diet pills, etc.)		
<input type="checkbox"/> Inhalants		
<input type="checkbox"/> Sedative or sleeping pills (valium, Xanax, etc.)		
<input type="checkbox"/> Hallucinogens (LSD, mushrooms, PCP, etc.)		
<input type="checkbox"/> Opioids (heroin, morphine, etc.)		
<input type="checkbox"/> Other _____		

**MEDICAL EXAMINATION REPORT**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

**This form is to be completed by a physician or nurse only.**

Please note we will need labs for hepatitis a, b, & c, along with TB/PPD skin test results

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance			Neck		
Eyes/Ears/Throat			Back		
Lymph nodes			Shoulder/Arm		
Heart			Elbow/Forearm		
Pulses			Wrist/hand		
Lungs			Hip/thigh		
Abdomen			Knee		
Skin			Leg/ankle		
			Foot		

ALLERGIES? \_\_\_ YES \_\_\_ NO DOES THIS APPLICANT SMOKE? \_\_\_ YES \_\_\_ NO

DIABETIC? \_\_\_ YES \_\_\_ NO HIGH BLOOD PRESSURE? \_\_\_ YES \_\_\_ NO

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BLOOD PRESSURE READING: \_\_\_\_\_ / \_\_\_\_\_

IS THIS APPLICANT ABLE TO PARTICIPATE IN DAILY WALKING, LIGHT EXERCISE, & BASIC CHORES? \_\_\_ YES \_\_\_ NO

PRESCRIBED MEDICATION	PRESCRIBED DOSAGE	MEDICATION USED FOR

\_\_\_\_\_  
PRINTED NAME OF EXAMINER

\_\_\_\_\_  
NAME OF MEDICAL FACILITY

\_\_\_\_\_  
SIGNATURE OF EXAMINER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CONTACT NUMBER

## CHECKLIST

ON THIS PAGE YOU WILL FIND ALL THE REQUIRED DOCUMENTS THAT WE NEED IN ORDER FOR YOUR APPLICATION TO BE COMPLETE. YOU MAY TURN IN EVERYTHING AT ONCE, OR SEPARATELY, AND WE WILL KEEP EVERYTHING IN A FILE FOR YOU. OUR FACILITY IS A FIRST COME FIRST SERVE BASIS, BUT YOU MUST HAVE EVERYTHING ON THE CHECKLIST TO BE CONSIDERED FOR ADMISSION.

- CLIENT INFORMATION/LEGAL INFORMATION
- SUBSTANCE USE HISTORY
- 2 FORMS OF IDENTIFICATION (DRIVER'S LICENSE/STATE ID, CDIB, SOCIAL SECURITY
- MEDICAL EXAMINATION REPORT (PG 4)
- HEPATITIS PROFILA A, B, C READINGS IN LAB FORMAT
- TB/PPD TEST\*
- UPDATED LIST OF CURRENT MEDICATIONS
- COPY OF COVID VACCINATION CARD (IF APPLICABLE)

### HOW TO SEND IN:

- EMAIL DOCUMENTS TO [Nellie.zotigh@ihs.gov](mailto:Nellie.zotigh@ihs.gov)
- BRING DOCUMENTS TO HOPE AND RECOVERY CENTER DURING BUSINESS HOURS (M-F, 8:00 AM – 4:30 PM, LOCATED AT 210 STARTING POINT DR, PONCA CITY, OK 74601
- MAIL DOCUMENTS TO: HOPE AND RECOVERY ADMISSIONS  
200 WHITE EAGLE DR.  
PONCA CITY, OK 74601

**\* LAB TESTS: (TB/PPD,HEP) must read negative in order to qualify for admission. Positive test results handled as special circumstances.**

**\*ASSESSMENT PRIOR: After submitting an application with all necessary documents, you will receive a call to schedule a phone interview with our admission staff prior to being admitted. THIS IS A REQUIREMENT FOR ALL POTENTIAL CLIENTS.**

**\*STAY IN CONTACT: IF YOU CHANGE YOUR PHONE # OR ADDRESS LET US KNOW ASAP.**

**\*PLEASE KEEP PAGES 6 AND 7, THAT IS INFORMATION FOR YOU IF ACCEPTED.**

**\*REFERRALS: IF REFERRED BY A FACILITY, WE WILL NEED DISCHARGE PAPERWORK/SUMMARY**

## ADDITIONAL INFORMATION

### 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.

## ADMISSION ITEMS

### 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, and 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.