



# Choctaw Nation of Oklahoma

Gary Batton  
Chief

## Health Services

Chi Hullo Li

13597 Southeast 202 Road • Talihina, OK 74571  
Phone: (918) 567-2905 • Fax: (918) 567-2995

Jack Austin, Jr.  
Assistant Chief

### PRE-ADMISSION LETTER

Dear Applicant:

This letter verifies that you called and completed our phone intake. Please read over the admission packet that is enclosed, complete and either mail, email, or fax back to Chi Hullo Li. The packet must be completed using black ink. Please include a copy of your CDIB card or Tribal Membership verification, social security card, birth certificate, driver's license, and any other identifying documents.

If you plan to have your child/children with you, there is a two-week waiting period after you are admitted before your children can be admitted (placement of children may also depend on daycare availability). Make sure you inform the intake counselor and please include copies of the child's CDIB card, birth certificate, social security card, immunization record, and Sooner Care (Medicaid) card. *\*If your children will be attending day care (all day or partial day), you will be required to apply for either Choctaw Nation Childcare Assistance or apply for TANF benefits in order to receive Childcare Subsidy, or you will be responsible for paying for day care fees. Make sure you discuss this with me prior to intake.*

All the forms enclosed must be signed and dated prior to admission. Each applicant is required to complete the medical history form enclosed. All current medications (including prescription and over the counter) must be listed. Please note that a TB Test must be current.

After the admission packet is returned to Chi Hullo Li and is properly completed, and all documents are received, you will be placed on our waiting list. (Please call me when you mail or fax any information to Chi Hullo Li.) After being placed on the waiting list, you are encouraged to maintain regular contact with the intake counselor—every week.

Chi Hullo Li is a long-term treatment program—length is a minimum of 3 months. All clients are provisionally admitted for the first 30 days. During these first 30 days, if it is found that Chi Hullo Li is not the appropriate form of treatment for the client, treatment can be terminated, or the client may be referred to another facility.

Choctaw Nation-Chi Hullo Li Residential Treatment Center has established specific criteria for acceptance into this program. Our program is based on a holistic approach with emphasis on the healing of mind, spirit, and body. **Our program is not designed as a medical detox facility; therefore, we cannot admit a client in need of detoxification services.** All clients must complete a physical at the Choctaw Nation Health Care facility in Talihina at admission.

If you have any questions, please contact me at 888-449-2905 or 918-567-2905 or email me at [mlfry@cnhsa.com](mailto:mlfry@cnhsa.com)

Thank you,  
Michelle Fry, LPN  
Intake Counselor

**(YOU CAN KEEP THIS PAGE—WE DO NOT NEED THIS PAGE BACK!)**

*Excellence In Rural Health Care*

**PRE-ADMISSION  
CHECKLIST**

**PLEASE MAKE SURE YOU SUBMIT ALL OF THE FOLLOWING INFORMATION:**

- INFORMED CONSENT FOR PLACEMENT (pg. 3)—read, sign, and return
- RELEASE OF INFORMATION (pg. 4)—complete, sign, and return
- INFORMED CONSENT FOR CHILDREN AND DAYCARE (pg. 5)—read, sign, and return
- ADULT MEDICAL HISTORY FORM (pg. 6-7)—complete and return
- COPY OF TB TEST RESULTS WITH LOCATION
- PERSONAL BELONGINGS LIST (pg. 8-9)—read, sign, and return (pg. 10-11 is your copy to keep)
- COPY OF APPLICANT’S CDIB/TRIBAL MEMBERSHIP (must be readable—better to email)
- COPY OF APPLICANT’S SOCIAL SECURITY CARD, BIRTH CERTIFICATE, DRIVER’S LICENSE/STATE ID (IF AVAILABLE) (must be readable— it is better to email it)
- CHILD MEDICAL HISTORY FORM (pg. 14-15)—if you have children that will be residents, you will need to complete and return along with any of your children’s identifying documents

**\*IDENTIFYING DOCUMENTS ARE NOT ALWAYS READABLE WHEN FAXED, IT IS BETTER IF YOU EMAIL THEM TO [mlfrv@cnhsa.com](mailto:mlfrv@cnhsa.com)**

**\*\*YOU MUST BE ON TIME FOR INTAKE—IF YOU ARE MORE THAN 30 MINUTES LATE, YOU WILL NOT BE ADMITTED!**



**(SIGN AND RETURN THIS PAGE—WE NEED THIS PAGE BACK!)**  
**PRE-ADMISSION RELEASE OF INFORMATION**

**\*If you would like someone to be able to call to confirm information or check the status of your application, you must list them on this form, or we will not be able to release any information.**

I, \_\_\_\_\_, am authorizing the release of  
Name of Applicant  
information regarding: waiting list status, scheduling for admission, and/or eligibility for treatment. I am authorizing Chi Hullo Li Residential Treatment Center, whose address is 13597 SE 202<sup>nd</sup> Road Talihina, OK 74571, to release this information to the following sources (complete all that apply):

**DHS- List County, name of worker, and phone number:**

\_\_\_\_\_

**ICW-List Tribe, name of worker, and phone number:**

\_\_\_\_\_

**Probation/Parole Officer, List whether State or Tribal, name, and phone number:**

\_\_\_\_\_

**D.A. or Assistant D.A.- List county, name, and phone number:**

\_\_\_\_\_

**Lawyer or Attorney- List name and phone number:**

\_\_\_\_\_

**Court, Judge, Court Clerk- List County, name, and phone number:**

\_\_\_\_\_

**Tribal Court, Judge, Court Clerk- List Tribe, name, and phone number:**

\_\_\_\_\_

**Other: List name, title, and phone number:**

\_\_\_\_\_

**Or (Please Check)**  
\_\_\_\_\_ **No Releases at this time.**

**I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event, this consent expires automatically as follows: (upon admission, or specify the date, event, or condition upon which this consent will expire.)** \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**(SIGN, COMPLETE, AND RETURN THIS PAGE—WE NEED THIS PAGE BACK!)**  
**PRE-ADMISSION INFORMED CONSENT**  
**FOR CHILDREN AND DAY CARE**

All applicants must read and sign this document.

If clients plan to have their child/children reside with them at Chi Hullo Li, there is a two-week waiting period after clients are admitted before their children can be admitted. Placement of children may also depend on daycare availability.

All children between the ages of 6 weeks old and 6 years old, *must* attend day care during clinical hours and the day care fees must be paid.

Clients have three options regarding paying for daycare: Option 1) Client must apply for Choctaw Nation Child Care Assistance; Option 2) Client must apply for and be eligible for TANF benefits through the Leflore/Latimer DHS office (DHS will pursue the father for child support)—if the client is eligible for TANF she will also be eligible for DHS Child Care Subsidy which will pay for day care; or Option 3) Client will be responsible for paying for day care fees out of her own pocket, which is approximately \$25.00 per child per day.

Children ages 6-11 will attend school and Choctaw Nation Youth Center.

Make sure you discuss this with the Intake Counselor prior to intake.

I have read the above information and understand and agree to these guidelines.

**By signing this form, I am authorizing the release of information regarding mine and my child/children’s waiting list status, scheduling for admission, and/or eligibility for treatment to the Choctaw Nation Day Care in Talihina and/or Cindy Clingan’s Day Care in Talihina and/or Oh the Places You Can Go Childcare LLC in Talihina for the purpose of applying for daycare services.**

\_\_\_\_\_  
Applicant’s signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**(SIGN AND RETURN THIS PAGE—WE NEED THIS PAGE BACK!)**

**PRE-ADMISSION  
ADULT MEDICAL HISTORY FORM**

Our facility is a residential living unit, and we need to be aware of any communicable diseases that an individual might have, which could be detrimental to other residents or staff members. Therefore, each applicant must fully complete this form.

1. The applicant must complete all sections (I, II, III, and IV).
2. List all prescription medication that you are currently taking.
3. List any over-the-counter medications that you are currently taking.
4. You must include a copy of your current TB Test/PPD results from the agency or health clinic from which it was administered and read (must be within the last year). The nurse or provider reading the PPD skin test must sign the form. If your PPD skin test is positive, you will be required to have a chest x-ray and you will need to send those results also.

I. Applicant Identification:

\_\_\_\_\_  
Name (Last, First, and Middle Initial) \_\_\_\_\_  
Date

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security Number

Primary Drug of Choice: \_\_\_\_\_

Secondary Drug of Choice: \_\_\_\_\_

II. Medical History (Relevant History):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Personal Belongings List**  
*(Please sign this form and send back)*

**All belongings MUST be packed in trash bags and/or zip lock bags.**

**\*\*NO SUITCASES, NO TOTE BAGS, NO BACKPACKS, NO COSMETIC BAGS, ETC.\*\***

**What you need to bring for yourself:**

<input type="checkbox"/> 1 purse and/or 1 wallet	<input type="checkbox"/> <b>ONLY 1</b> trash bag of clothes (up to 30-gallon size trash bag)	<input type="checkbox"/> Feminine products
<input type="checkbox"/> Shoes-up to 5 pair	<input type="checkbox"/> Soap, shampoo, conditioner, hairbrush/comb, razor, deodorant	<input type="checkbox"/> Photo ID, State ID, or Driver's License
<input type="checkbox"/> Up to 4 towels; Washcloths	<input type="checkbox"/> Postage stamps and envelopes	<input type="checkbox"/> Clothes hangers
<input type="checkbox"/> Toothbrush and toothpaste (no mouthwash of any kind)	<input type="checkbox"/> Appropriate clothing (None of the following clothing is allowed: halter or spaghetti strap tops, bare-midriff blouses, short shorts/skirts, see-through or extremely tight clothing, clothing promoting the use of alcohol, tobacco, or other drugs)	<input type="checkbox"/> Calling cards- <i>IDT US Minutes from Dollar General</i> is recommended
<input type="checkbox"/> List of current medications (just a list-not the medications)	<input type="checkbox"/> Undergarments (bras and underwear)	<input type="checkbox"/> Sleepwear
<input type="checkbox"/> Any important phone numbers you may need; Usernames and passwords	<input type="checkbox"/> You (and your children's) social security cards/birth certificates, if you plan on applying for housing or other programs (copies are sufficient)	<input type="checkbox"/> House Shoes (with protective soles)

**Other items you may bring if you wish:**

<input type="checkbox"/> Alarm clock	<input type="checkbox"/> <b>You may bring cigarettes, but they must be in unopened packages and disposable lighters only</b>	<input type="checkbox"/> Up to 5 books
<input type="checkbox"/> Small stereo/radio and CDs	<input type="checkbox"/> Nail polish, polish remover, non-metal nail file, nail clippers, tweezers	<input type="checkbox"/> Lotion/moisturizer and sunscreen
<input type="checkbox"/> Ear buds/Headphones	<input type="checkbox"/> MP3 player—can't be internet capable or take or play digital photos	<input type="checkbox"/> Jewelry (1 zip lock bag)
<input type="checkbox"/> Hair products (only allowed 1 gallon size zip lock bag)	<input type="checkbox"/> Craft supplies (only what will fit in 1-gallon zip lock bag) (beads must be new in unopened pkg) Other items will be allowed at the discretion of staff	<input type="checkbox"/> Shaving cream
<input type="checkbox"/> Make-up and face wash (only allowed 1 gallon size zip lock bag)	<input type="checkbox"/> HE Detergent and/or fabric softener, dryer sheets (we provide detergent, but you can bring your own as long as it is HE and fits in the lockers we provide); No chlorine bleach—Only non-chlorine	<input type="checkbox"/> 1 Seat cushion for chair
<input type="checkbox"/> Perfume (up to 3)	<input type="checkbox"/> Canned or bottled pop/juice (no 2 liters and no glass containers)	<input type="checkbox"/> 1 small handheld mirror
<input type="checkbox"/> Hair dryer, straightening/curling iron	<input type="checkbox"/> Solid, non-aerosol, & non-plug-in air freshener (none of the following types of air fresheners: no aerosol, no liquid; no plug in; no stick-on; no gel beads)	<input type="checkbox"/> 1 Laundry Basket or dirty laundry bag

<input type="checkbox"/> 1 Shower Caddy to carry	<input type="checkbox"/> Hard individually wrapped candy (no chocolate)	<input type="checkbox"/> A Robe
<input type="checkbox"/> Microwave popcorn or microwave pork-rinds	<input type="checkbox"/> A few nicer/dressier clothes for special events <input type="checkbox"/> A swimsuit for summer outings	<input type="checkbox"/> Cash/debit/credit card
<input type="checkbox"/> A few photos or 1 small photo album (no picture frames)	<input type="checkbox"/> Paper, notebook, pens, pencils, highlighters (NO MORE THAN 1 GALLON BAG OF PENS/PENCILS/MARKERS)	<input type="checkbox"/> Small/medium fan-must be <u>new in box</u>
<input type="checkbox"/> Usernames and Passwords	<input type="checkbox"/> 1 regular binder for classes/homework	<input type="checkbox"/> 1 Night Light
	<input type="checkbox"/> Apply for CashApp or something similar	

**DO NOT BRING ANY OF THE FOLLOWING, THESE ITEMS ARE NOT ALLOWED:**

**\*Vapes/Electronic Cigarettes; \*Cell phones; \*Medications or anything that is labeled *Medicated*; \*Anti-bacterial hand gel/Hand sanitizer; \*Chap stick of any kind; \*Bags of any kind unless listed above; \*Sheets/bedding/blankets/pillows (except for blankets allowed for children); \*Devices that take or play digital pictures, videos, text, or are internet capable; \*Mouthwash of any kind; \*Weapons of any kind; \*Insect repellent; \*Chlorine bleach; \*Liquid starch; \*Fabric freshener (like Febreze); \*Cleaning products; \*Air freshener in the form of aerosol/liquid/gel beads; \*Personal DVD players/TVs; \*Video game systems.**

**IF IT IS NOT ON THIS LIST—DO NOT BRING IT! All items are subject to staff's approval.**

**\*\*MAXIMUM AMOUNT OF ITEMS MUST FIT IN ONE 30 GALLON TRASH BAG AND ONE 13 GALLON TRASH BAG OR IN YOUR LAUNDRY BASKET (WITH THE EXCEPTION OF DETERGENT AND POP). PUT ALL CLOTHES AND SHOES IN THE 30 GALLON TRASHBAG THEN YOU CAN PUT YOUR OTHER PERSONAL ITEMS IN THE 13 GALLON TRASH BAG OR IN YOUR LAUNDRY BASKET IF YOU HAVE ONE.**

**ALL ITEMS BROUGHT IN WILL BE SEARCHED BY STAFF AT ADMISSION. IT IS IMPORTANT TO ADHERE TO THE ITEMS LIST. IF YOU BRING MORE THAN ALLOWED, IT MAY BE DISPOSED OF.**

My signature below, indicates that I understand that anything I bring that is not on this list will be discarded or disposed of and that if any drugs or drug paraphernalia is found in my belongings that Tribal Police will be notified.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**(SIGN AND RETURN PAGES 8 & 9—WE NEED THESE PAGES BACK!)**

**Personal Belongings List**  
(You keep pages 10-11)

**All belongings MUST be packed in trash bags and/or zip lock bags.**

**\*\*NO SUITCASES, NO TOTE BAGS, NO BACKPACKS, NO COSMETIC BAGS, ETC.\*\***

**What you need to bring for yourself:**

<input type="checkbox"/> 1 purse and/or 1 wallet	<input type="checkbox"/> <b>ONLY 1</b> trash bag of clothes (up to 30-gallon size trash bag)	<input type="checkbox"/> Feminine products
<input type="checkbox"/> Shoes-up to 5 pair	<input type="checkbox"/> Soap, shampoo, conditioner, hairbrush/comb, razor, deodorant	<input type="checkbox"/> Photo ID, State ID, or Driver's License
<input type="checkbox"/> Up to 4 towels; Washcloths	<input type="checkbox"/> Postage stamps and envelopes	<input type="checkbox"/> Clothes hangers
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**Other items you may bring if you wish:**

<input type="checkbox"/> Alarm clock	<input type="checkbox"/> <b>You may bring cigarettes, but they must be in unopened packages and disposable lighters only</b>	<input type="checkbox"/> Up to 5 books
<input type="checkbox"/> Small stereo/radio and CDs	<input type="checkbox"/> Nail polish, polish remover, non-metal nail file, nail clippers, tweezers	<input type="checkbox"/> Lotion/moisturizer and sunscreen
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<input type="checkbox"/> Perfume (up to 3)	<input type="checkbox"/> Canned or bottled pop/juice (no 2 liters and no glass containers)	<input type="checkbox"/> 1 small handheld mirror
<input type="checkbox"/> Hair dryer, straightening/curling iron	<input type="checkbox"/> Solid, non-aerosol, & non-plug-in air freshener (none of the following types of air fresheners: no aerosol, no liquid; no plug in; no stick-on; no gel beads)	<input type="checkbox"/> 1 Laundry Basket or dirty laundry bag

<input type="checkbox"/> 1 Shower Caddy to carry	<input type="checkbox"/> Hard individually wrapped candy (no chocolate)	<input type="checkbox"/> A Robe
<input type="checkbox"/> Microwave popcorn or microwave pork-rinds	<input type="checkbox"/> A few nicer/dressier clothes for special events <input type="checkbox"/> A swimsuit for summer outings	<input type="checkbox"/> Cash/debit/credit card
<input type="checkbox"/> A few photos or 1 small photo album (no picture frames)	<input type="checkbox"/> Paper, notebook, pens, pencils, highlighters (NO MORE THAN 1 GALLON BAG OF PENS/PENCILS/MARKERS)	<input type="checkbox"/> Small/medium fan-must be <u>new in box</u>
<input type="checkbox"/> Usernames and Passwords	<input type="checkbox"/> 1 regular binder for classes/homework	<input type="checkbox"/> 1 Night Light
	<input type="checkbox"/> Apply for CashApp or something similar	

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**ALL ITEMS BROUGHT IN WILL BE SEARCHED BY STAFF AT ADMISSION. IT IS IMPORTANT TO ADHERE TO THE ITEMS LIST. IF YOU BRING MORE THAN ALLOWED, IT MAY BE DISPOSED OF.**

**(YOU KEEP PAGES 10 & 11 SO THAT YOU WILL KNOW WHAT TO BRING—WE DO NOT NEED THESE PAGES BACK!)**

## **WHAT TO EXPECT...FROM RESIDENTIAL TREATMENT AT CHI HULLO LI**

- Chi Hullo Li is a long-term facility—treatment length is a minimum of **3** months.
- If a client has children and wishes for them to reside here with them, there is a two-week waiting period before children can be admitted (this will also depend on availability of daycare). Typically, clients may have two children (age 11 and under) in treatment with her (unless one child is under 1 year old—then three children can be admitted). Children over the age of 11 cannot be admitted and are not allowed to stay overnight (but they can visit). Client must notify the intake staff if she is planning to have children with her, because each child must have a physical completed at the Choctaw Nation Health Care Center on the same day as admittance and copies of identifying documents are needed. *\*If your children will be attending day care (all day or partial day), you will be required to apply for Choctaw Nation Childcare Assistance or be required to apply for and be eligible for TANF benefits in order to receive Childcare Assistance, or you will be responsible for paying for day care fees. Make sure you discuss this with Intake Counselor prior to intake.*
- Each client has their own room for themselves and their children, so you will not have to share a bedroom. There is 1 twin bed and a set of twin bunk beds in each room (totaling 3 beds per room). You will have to share a bathroom with one other client.
- Clients are in classes/groups/meetings from 8:00 a.m. until 4:30 p.m. Monday through Friday.
- Client's children attend either school or daycare Monday-Friday during clinical hours (approximately 7:00-4:30).
- Chi Hullo Li provides 3 meals a day plus snacks.
- Chi Hullo Li does allow our clients to smoke at designated times in a designated area; **BUT ELECTRONIC CIGARETTES, VAPES, LOOSE TOBACCO, AND SMOKELESS TOBACCO ARE NOT ALLOWED. CIGARETTES MUST BE NEW AND IN SEALED PACKAGES.**
- Chi Hullo Li has a fenced back yard with playground, basketball, and volleyball area.
- Clients are not allowed phone calls (other than with their children) for the first two weeks after being admitted. Clients will need phone/calling cards to make phone calls to friends/family (Current clients recommend *IDT-U.S. Minutes* from Dollar General—it has an American flag on the card—but they are hard to find). After the first 2 weeks, phone visitation is allowed Monday-Friday from 6:00pm-10:30pm and on weekends and holidays from 7:00am-10:30pm.
- Groups/Classes/Activities included in our daily treatment schedule: Individual and Group Therapy, Cultural Activities, Case Management Services, Children's Program (if applicable), Referral Services for Chi Hullo Li Graduates, Family Counseling & Bonding, Drug Education, 12 Step Study, Self-Esteem, Anger Management, Relapse Prevention, Healthy Relationships, Depression & Anxiety, Seeds of Strength (PTSD/Coping Skills), Parenting, Communications, Life Skills, Adult Education, Health Education, Career Counseling, Fitness/Exercise Class, and In-house and Outside AA/NA Meetings.
- Client's minor children are the only visitors allowed (and must be preapproved).
- Clients are allowed to have cash and or debit/credit cards while they are here.
- **If your friends/family wish to send you money orders—they must send postal money orders only (they are the only type of money orders that can be cashed).**
- You may want to set up a Cash App (or something similar) before you are admitted so that family can transfer money to you easier...this must be done prior to being admitted because you cannot use your phone here.
- **Write down all the usernames and passwords and phone numbers that you will need to bring with you, for example, your email, banking, Choctaw Nation portal, bills you may need to pay.**

**(YOU KEEP THIS PAGE—WE DO NOT NEED THIS PAGE BACK!)**

# DIRECTIONS:



## From Poteau, Oklahoma...

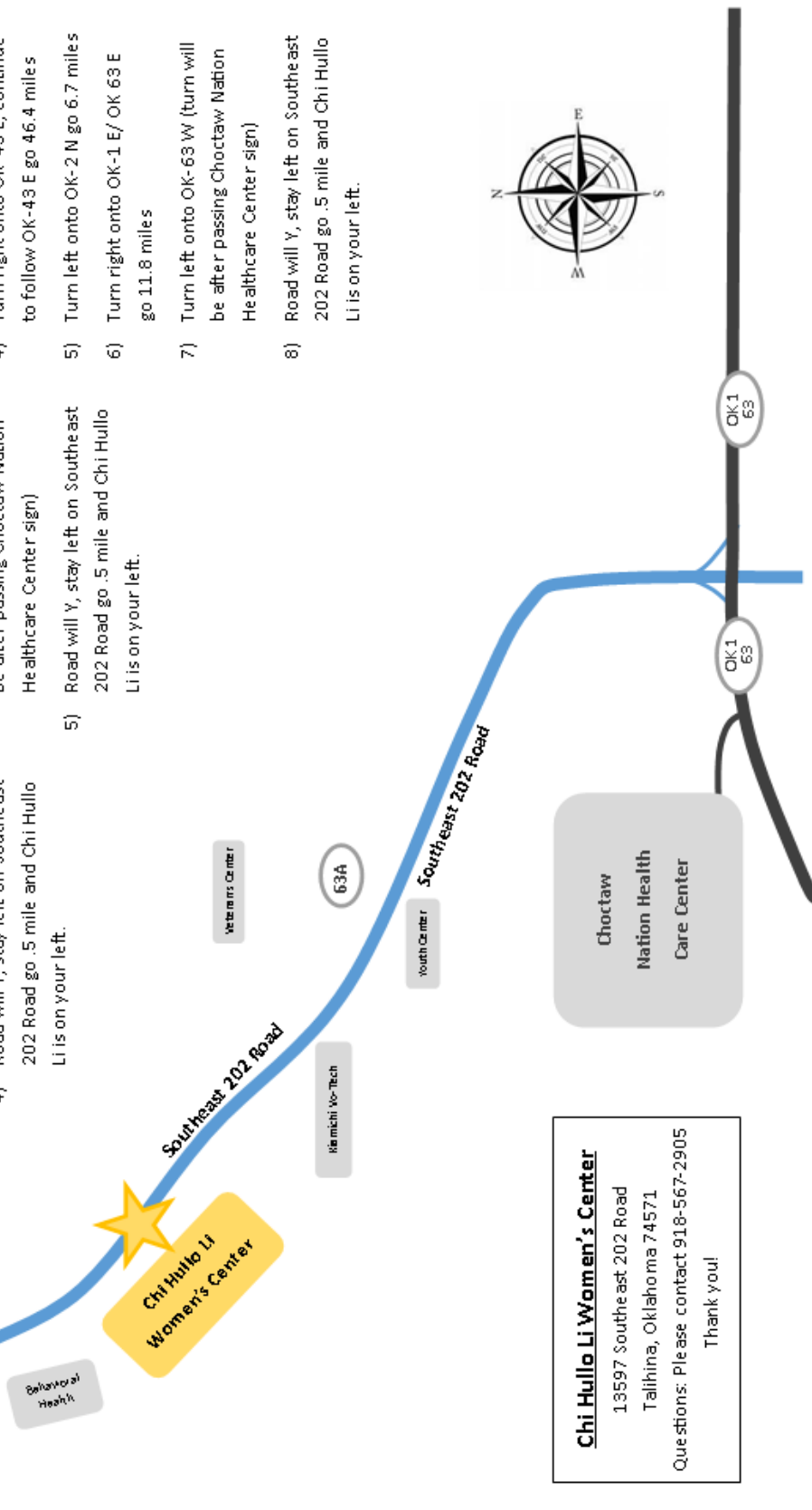
- 1) Head southwest on US-271 S/N Broadway Street S/N Front Street toward Dewey Avenue. Continue to follow US-271 S for 14.4 miles
- 2) Turn left to stay on US-271 go 23.2 miles
- 3) Turn right into OK-1 W/63 W/ Dallas Street go 1.7 miles
- 4) Road will Y, stay left on Southeast 202 Road go .5 mile and Chi Hullo Li is on your left.

## From McAlester, Oklahoma...

- 1) Head South on N Main toward E Carl Albert Parkway go 49 feet
- 2) Take the 1st left onto OK-1 E/E Carl Albert Pkwy, continue to follow OK-1 E for 31 miles
- 3) Turn right onto OK-1 E/OK-2 S/OK-63 E go 6.2 miles
- 4) Turn left onto OK-63 W (turn will be after passing Choctaw Nation Healthcare Center sign)
- 5) Road will Y, stay left on Southeast 202 Road go .5 mile and Chi Hullo Li is on your left.

## From Dallas, Texas...

- 1) From US-75 N merge onto TX-366 Spur E go 0.5 miles
- 2) Keep left at the fork, follow signs for US-75 W/ McKinney and merge onto US-75 N go 124 miles
- 3) Continue onto US-69 N/ N Mississippi Avenue, continue to follow US-69 N 7.1 miles
- 4) Turn right onto OK-43 E, continue to follow OK-43 E go 46.4 miles
- 5) Turn left onto OK-2 N go 6.7 miles
- 6) Turn right onto OK-1 E/ OK 63 E go 11.8 miles
- 7) Turn left onto OK-63 W (turn will be after passing Choctaw Nation Healthcare Center sign)
- 8) Road will Y, stay left on Southeast 202 Road go .5 mile and Chi Hullo Li is on your left.



**Chi Hullo Li Women's Center**  
 13597 South east 202 Road  
 Tallihina, Oklahoma 74571  
 Questions: Please contact 918-567-2905  
 Thank you!

**YOU KEEP THIS PAGE—WE DO NOT NEED THIS PAGE BACK!**

**CHILDREN –IF APPLICABLE:**

- CHILD MEDICAL HISTORY FORM —complete and return if applicable
- COPY OF CHILDREN’S IMMUNIZATION RECORDS—**must** have if client’s children will be residents
- COPY OF CHILDREN’S CDIB/TRIBAL MEMBERSHIP (if available)—if client’s children will be residents
- COPY OF CHILDREN’S SOCIAL SECURITY CARDS (if available)—if client’s children will be residents
- COPY OF CHILDREN’S BIRTH CERTIFICATES (if available)—if client’s children will be residents
- COPY OF CHILDREN’S SOONERCARE/MEDICAID CARD (if available)—if children will be residents

**PRE-ADMISSION  
CHILD MEDICAL HISTORY FORM**

Our facility is a residential living unit, and we need to be aware of any communicable diseases that an individual might have, which could be detrimental to other residents or staff members. Therefore, each applicant must fully complete this form on each child that will be entering treatment. Up to three children can be listed on this form (you can make additional copies of this form if needed).

1. The applicant must complete all sections (I, II, III, and IV).
2. List all prescription medication that your child is currently taking.
3. List any over-the-counter medications that your child is currently taking.

I. Applicant Identification:

\_\_\_\_\_  
Mother’s Name (Last, First, and Middle Initial) \_\_\_\_\_  
Date

\_\_\_\_\_  
*Child 1* Name (Last, First, and Middle Initial)

\_\_\_\_\_ \_\_\_\_\_  
Date of Birth SS#

\_\_\_\_\_  
*Child 2* Name (Last, First, and Middle Initial)

\_\_\_\_\_ \_\_\_\_\_  
Date of Birth SS#

\_\_\_\_\_  
*Child 3* Name (Last, First, and Middle Initial)

\_\_\_\_\_ \_\_\_\_\_  
Date of Birth SS#

II. Medical History (List which child and any relevant medical history):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Children's Belongings List

<b>What you need to bring for your children (if applicable):</b>	
<input type="checkbox"/> Diapers and wipes	<input type="checkbox"/> 1 trash bag of clothes per child (up to 13-gallon size trash bag)
<input type="checkbox"/> Shoes	<input type="checkbox"/> Soap, baby wash, shampoo
<input type="checkbox"/> Formula	<input type="checkbox"/> Bottles and/or sippy cups
<input type="checkbox"/> Sleepwear	<input type="checkbox"/> Toothbrush and toothpaste (no mouthwash of any kind)
<input type="checkbox"/> Car seats—make sure the car seats you bring are correct according to age/weight/height and are <u>not expired</u> (*check the oklahoma.gov website)	<input type="checkbox"/> 1 backpack of toys (No toys are allowed that resemble weapons, such as guns, knives, swords, etc. Do not bring big toys, such as bicycles, scooters, skateboards, or any ride-on toys. Do not bring video game systems (that connect to TV's), but hand-held video games are permitted as long as they are not internet capable and don't take digital pictures or videos)
<input type="checkbox"/> Potty chair (optional)	<input type="checkbox"/> WIC Vouchers (if you're on WIC)
<input type="checkbox"/> Diaper Bag (if applicable)	<input type="checkbox"/> Up to 3 other baby items (such as stroller, baby swing, bouncer, etc. (no highchairs, cribs, or play pens—we provide these items))
<input type="checkbox"/> 1 small/medium tote to store toys (optional)	<input type="checkbox"/> Breast Pump (optional)
<input type="checkbox"/> Identifying documents if available	<input type="checkbox"/> Children up to the age of 5 are allowed to have a blanket (blanket <i>not</i> a bedspread). Ages 1-5 years old can have 1 blanket per child; for babies up to the age of 1 please bring a reasonable amount (No other types of bedding are allowed)

**\*Make sure you bring car seats for your children—we do not provide them. Check the Oklahoma.gov website for current law requirements on car seats.**

**\*\*THIS PAGE IS IF YOU HAVE CHILDREN AND THEY WILL BE RESIDENTS\*\***  
**(YOU KEEP THIS PAGE—WE DO NOT NEED THIS PAGE BACK!)**