



## ADMISSION LETTER

### Dear Applicant:

Enclosed are the required forms and questionnaires that you will need to complete and return to our office. Along with these forms, please submit copies of your **CDIB Card (from a federally recognized tribe), Tribal Membership Card, Social Security Card, Photo ID, and a PPD (TB Skin Test) results. Original copies must be submitted. Fax copies will be accepted depending on circumstances.** All of these forms enclosed must be signed and dated prior to admission. Each applicant is required to complete the medical history form enclosed. All medications must be listed. **Do NOT bring your medications with you. Our program is not designed as a medical detox facility; therefore we cannot admit a client in need of detoxification services.** Please note that a PPD must be completed prior to admission. **No one will be permitted admission without a PPD test completed and sent back along with the forms required in the packet.**

To avoid any delays in your application process, please be sure that all information on the application forms are filled out completely. Incomplete paperwork will be sent back to you for completion.

If you are being referred to our program from another program (or facility), a letter from them stating which approaches have been used (if any) must be included in your application. Once the application is completed and returned, it will go before the Clinical Director and/or the treatment team to be evaluated, at which time you will be contacted on the decision.

If you are selected as a candidate for treatment, you will be notified by mail or phone and given a tentative date of entry; however, a bed may become available at any time, and your tentative date is subject to change. It is important that a working phone number is included in your application so that we can contact you if a bed becomes available. If we do notify you of an available bed, you must be able to enter treatment within 24 hours of being contacted; otherwise, that bed will be given to the next person on the waiting list. Please note that it is not mandatory that you take the bed that has become available; however, by choosing not to take an available space your entry into the program may be delayed by 30 days or more. Furthermore, because we operate on a first-come-first-serve basis to fill the beds as they become available, you must contact the Recovery Center 24-hours prior to the tentative date of entry that you have been given to not only confirm your arrival, but also to verify that the bed space has become available. **If you miss your appointment by more than thirty minutes you will need to contact the Intake Coordinator to reschedule for a future appointment.**

All Choctaw Nation Healthcare facilities are tobacco free environments as of January 1, 2013. The Choctaw Nation Recovery Center is able, within CNHSA policy, to allow their clients to use tobacco only in the designated areas on the Recovery Center grounds. Clients desiring assistance with stopping tobacco use will be able to address the issue during the admission physical at the CNHCC.

**Please take note: All candidates must abstain from using drugs or alcohol for a period of 72-hours prior to entry into the program. If any candidate is found to have used either drugs or alcohol during this period, they can be denied entry into the program.**

Thank You.

**Tina Axley**

Intake Coordinator



**All candidates must abstain from using drugs or alcohol for a period of 72-hours prior to entry into the program.**

**IF ANY CANDIDATE IS FOUND TO HAVE USED EITHER DRUGS OR ALCOHOL DURING THIS PERIOD, THEY CAN BE DENIED ENTRY INTO THE PROGRAM.**



## CHOCTAW NATION RECOVERY CENTER INFORMATION AND ADMISSION CRITERIA

**Program Information:** The Choctaw Nation Recovery Center follows a 28 day treatment process. The treatment plan for each client may vary but are based on an intensive 28 day residential program; in which individuals receive a minimum of 40 hours of active treatment each week-including individual counseling, group therapy, and family counseling along with 12-Step education and instruction, and a spiritual and cultural component. Treatment consists of five 8 hour days Monday-Friday. Treatment may be extended due to holidays, weekends, and if the client has multiple doctors appointments. The missed hours will be made up at the counselor's discretion. Clients approximate stay is 35 days.

**Policy:** Residential treatment is intended for adults who require more intensive, comprehensive, and structured care than is usually available on an outpatient basis or through other individual counseling care. Candidates will generally be adults suffering from alcohol and/or substance abuse, whose psychiatric condition is stabilizing but there is a need for a 24 hour structured environment. Despite experiencing serious consequences of the alcohol and/or substance abuse problem, the candidate has demonstrated difficulty in understanding the relationships between these problems. This lack of perspective impairs his or her ability to make behavior changes without repeated, structured interventions delivered in a 24 hour setting, and such needed interventions are not likely to succeed in an outpatient setting.

### Procedure:

#### Admission Criteria:

Primary Requirement: Applicants admitted to residential services must require the constant availability of counseling and supervision on a 24 hour basis, by reason of the following:

- Diagnosable alcohol, drug, or other substance abuse problems, as determined by the application packet, previous assessments, or the Substance Abuse Diagnostic Schedule.
- Evident physical and mental dysfunction related to alcohol, drug, or other substance abuse.
- Experienced negative consequences as a result of the abuse of alcohol, drugs, or other substance abuse (example: DUI, DWI, OHS, or related arrest).
- Is 18 years of age or older. Those applicants not within this age range will not be considered on an individual basis.
- Not currently suffering from or exhibiting acute/chronic psychotic symptoms, acute suicidal ideation, or severe mental retardation.
- Is eligible for Indian Services.

#### Intake Process:

1. Only those persons who meet the primary guidelines of the admission criteria will be eligible for consideration for admission.
2. Admission Procedure:
  - Upon receipt of the application packet the admission/Intake Coordinator will respond by phone and/or in writing to the referring agency member, the applicant, or the applicant's family to acknowledge receipt of the application packet. Only completed packets will be reviewed for consideration for admission.
3. Center personnel will review the completed admission packet to determine the applicant's need for treatment, adherence to Center admission criteria, and appropriateness of Center services in regard to the applicant's specific needs.

#### Decision Outcome:

- 1) If the Center is at maximum capacity, a waiting list will be maintained. Admission of those applicants on the approved waiting list will occur as bed space becomes available, beginning with the applicant who was approved for admission at the earliest date.
- 2) Referral personnel, the applicant and/or families will be notified by Center personnel to determine current status of the applicant. Designated staff will document all correspondence.
- 3) If the applicant is not accepted for admission or is ineligible for services, Center admission/referral personnel will contact the referring agency, the applicant and/or families to provide referral to the most appropriate facility available.
- 4) Admission/Referral Personnel will notify the referral agency, the applicant and/or the applicant's family and provide information regarding the admission or referral of the applicant.



## PERSONAL RESPONSIBILITIES

Each client, to the best of their ability, shall assist their counselor in the development of their individualized treatment plan.

Clients are responsible for reporting when someone breaks a rule. In fact, if a client fails to answer any question asked by a member of the treatment team or fails to report a person who breaks one of the rules, the treatment team may take away privileges from the entire group.

Clients are expected to attend all scheduled activities and sessions; this is considered by the treatment team to be an integral part of your treatment process. Clients are expected to arrive on time, complete all assignments and cooperate fully with treatment staff.

**Phone Usage:** AFTER your SEVEN-DAY Probationary Period is completed, and you are in good standing with the program requirements, you will be allowed one (1) no longer than 15-minute connected phone call per day between the hours of 5:30-9:30pm Monday-Friday. On Saturday and Sunday you will be allowed two (2) no longer than 15 minute, connected phone calls per day. However this is subject to change due to a schedule conflict or based on time and availability. Under no circumstances are collect calls to be received at the Recovery Center. Clients are not permitted to utilize any other phones than the designated facility phone for client use.

**Meals:** Eating will be restricted to the dining room. Food and soft drinks will not be allowed in the client's room, lounge, or dorm areas. No exceptions to this rule! There will be NO beverages taken to the smoke shelters.

Clients will have the opportunity to go to the store once a week, on the designated day, for personal items (stamps, toothpaste, etc)- When you travel outside of the Recovery Center, you are expected to act appropriately, because you are a resident of the Choctaw Nation Recovery Center. Clients are not allowed to meet family, friends, or other acquaintances outside of the CNRC facility during outside AA/NA meetings, store trips, church, planned outings, etc. Do not disrespect outside individuals while in residence.

Clients may not go into a staff member's office unless on specific business and should knock before entering. Counselors have an open door policy! Clients are expected to see their counselors at least two times a week for individual sessions unless deemed otherwise by their counselor.

You are expected to maintain the highest standard of personal hygiene and housekeeping for both yourself and the other clientele. You are expected to shower/bathe daily and to care for the public rooms you use, whether for treatment or personal activities. This facility was built just for alcohol/chemical dependency treatment, and thus, it needs to be kept in good order.

Choctaw Nation Recovery Center will not be responsible for any personal belongings of the client, which may be accidentally lost or stolen, anything that is not acceptable will be stored and returned at the end of treatment. No clientele shall enter another client's bedroom for any reason. You must be fully dressed between 5:30 am and 10:00 pm and sleepwear must be worn to bed. There is to be no headgear of any kind to be worn in the building (no gang related wear). No inappropriate writing on tee shirts. Wake up time is at 5:30 am on weekdays and 7:00 am on weekends and holiday. All clients are required to sign in at the Tech Station no later than 6:00 am on weekdays and 7:20 am on the weekend. All duties are to be completed and inspected by 7:00 am Monday through Friday and by 8:00 am on weekends and holidays. Schedules are subject to change and the times listed above are subject to change also. All clientele are to be in bed by 10:00 pm Sunday through Thursday, and 11:00 pm Friday and Saturday.



## TREATMENT CONTRACT

- ◆ I agree to remain drug-free during the course of my treatment, personal, discretionary use of nicotine is a noted exception of this rule.
- ◆ If I smoke tobacco, I agree to smoke only in assigned areas and at assigned times.
- ◆ I agree to honor the confidentiality of clients and staff alike during and after my treatment.
- ◆ I agree to give staff and clients accurate and honest information to the best of my ability about my family, my problem(s), and myself.
- ◆ I agree to keep staff informed of my physical, emotional, and spiritual condition and notify staff of my problems as they may arise.
- ◆ I agree to actively participate in all scheduled activities and treatment team recommendations.
- ◆ I agree to be on time for scheduled activities and to take care of my personal needs prior to the activity, so I do not disrupt the activity once it begins.
- ◆ I agree to participate fully and completely in assigned work details for the overall safety, maintenance, and cleanliness of the program.
- ◆ I agree to resolve conflicts between myself, other clients, and/or staff in a non-violent, non-physical, non-aggressive, and non-abusive way.
- ◆ I agree to be aware of and consider the rights of other clients and staff, and act accordingly.
- ◆ I agree to support other clients in their recovery problems, and to allow other clients and staff to assist me in my recovery.
- ◆ I agree to relate to other clients and/or staff in a non-romantic and non-sexual manner when forming and developing interpersonal relationships while in treatment.
- ◆ I agree to treat with respect the property of others, and to return equipment, linens, and towels, which were loaned to me for my personal use, in the same condition in which I first received them.
- ◆ I agree to abide by the established guidelines for TV hours, lights out, quiet time, etc. as listed in the client's handbook.
- ◆ I agree to keep myself neatly groomed and appropriately dressed; paying particular attention to my personal hygiene needs and care.
- ◆ I agree to keep my personal area neat and clean, ex: bed made, clothes put away, lights out when not in use, etc.
- ◆ I agree to turn over any firearms, knives, or other potential weapons to staff
- ◆ I understand that my failure to follow guidelines in accordance with my signed agreement may be considered a statement of my unwillingness to comply, and may result in release from treatment

*\*\*Clients will be given an official treatment contract to sign when they are admitted into the program. The above is for your information prior to admittance.*



## REASONS FOR IMMEDIATE DISMISSAL

- ◆ Violence
- ◆ Threats of Violence
- ◆ Abusive Language
- ◆ Using drugs or alcohol on Tribal grounds or outings
- ◆ Possession of any type of illegal contraband as deemed so by the State of Oklahoma or Federal Government
- ◆ Other rule infractions deemed sufficient
- ◆ Disrespect for any property and all employees of the Choctaw Nation of Oklahoma
- ◆ Fraternization between clients or between client and staff

**Choctaw Nation Recovery Center will NOT be responsible for any of the following items:**

- *Forwarding of a client's mail*
- *Any personal property left by a client upon their departure from treatment.*

You will be assigned life living skills while in residential treatment, if you are unable to perform this duty, it is your responsibility to notify a staff member.

Clientele will be allowed to attend the local church of their choice on Sundays, transportation will not be provided but every effort will be made to assist with transportation.

Pornography will not be allowed in any form, (i.e. playing cards, magazines, or pictures) - Movies of any kind or format are not allowed.

Scissors, razors, shaving cream, mouthwash (must be alcohol free), sewing kits, and similar items must be given to staff upon arrival or anytime that it is purchased during treatment and kept in client's personal box in the storage room. These products will be kept in the storage room and will be available by staff as needed.

No liquid chlorine bleach allowed. No aerosol cans of any type allowed. No cologne, hand gel, air freshener, or loose leaf tobacco allowed on premises. All personal care items must be alcohol free.

No animals are allowed on the premises unless trained to perform a task (i.e. seeing eye-dog, or other service animal).

All infractions of the rules and regulations committed by a client will be brought before the Treatment Team and each incident will be dealt with on a case-by-case basis.



## ADMISSION PACKET LIST

All forms contained in the application packet must be completed and signed where necessary. The application packet will not be considered complete unless all forms contain the necessary information with signatures and all required documentation is provided.

- Pre-Admission Form**
- Pre-Admission Release of Information Form**
- Medication List**
- Medical History Form**
- Copy of CDIB card**
- Copy of Tribal Membership Card**
- Copy of Social Security Card**
- Copy of State Photo ID (Driver's License or State Photo ID)**
- PPD (TB Skin Test)**
- Any and all Court documents relating to current and past legal issues (if applicable)**
- Transfer Letter from alcohol or drug treatment facility (if applicable)**

I, \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ , \_\_\_\_\_ (date)  
have enclosed above completed paperwork. I acknowledge any incomplete  
paperwork will be returned to me and may delay admission process.

*If you have any questions please call the Choctaw Nation Recovery Center at 918-567-2389.*



# CHOCTAW NATION RECOVERY CENTER

13224 Southeast 202 Road • Talihina, OK 74571 • 918-567-2389 • Fax: 918-567-2417

## APPLICATION ADMISSION INFORMATION FORM

Last Name		First Name		M.I.
Address		City	State	Zip Code
Home Phone Number	Cell / Alt. Phone Number	Social Security Number		Date of Birth

What is Your Primary Drug of Choice?	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Hallucinogenic	<input type="checkbox"/> Heroin
	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Inhalant	<input type="checkbox"/> Stimulant (meth)	<input type="checkbox"/> Opiates
	<input type="checkbox"/> Prescriptions	<input type="checkbox"/> Other: _____		

What is Your Secondary Drug of Choice?	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Hallucinogenic	<input type="checkbox"/> Heroin
	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Inhalant	<input type="checkbox"/> Stimulant (meth)	<input type="checkbox"/> Opiates
	<input type="checkbox"/> Prescriptions	<input type="checkbox"/> Other: _____		

Do you have a stated desire to become and remain alcohol and drug free?  Yes  No

Are you employed? <i>(Mark Yes/No and one of the Designations below them).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> Full Time	<input type="checkbox"/> Disabled	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Retired
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Volunteer Work	<input type="checkbox"/> Student	
<input type="checkbox"/> Self Employed	<input type="checkbox"/> Looking for Work	<input type="checkbox"/> Incarcerated		

Do you have any physical disabilities for which you will need special arrangements?  Yes  No

If yes, what is your physical disability? \_\_\_\_\_

Do you have any chronic illnesses or allergies?  Yes  No

If yes, what are they? \_\_\_\_\_

Do you smoke?  Yes  No Packs Per Day \_\_\_\_\_

Are you a veteran?  Yes  No

Have you or are you receiving treatment for any mental health problems?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you had or experienced Diabetes?  Yes  No

Do you require a special diet?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been a victim of abuse of any form?  Yes  No

If yes, please explain: \_\_\_\_\_

How did you hear about us?	<input type="checkbox"/> Publications <i>(Biskinik, etc.)</i>	<input type="checkbox"/> Tribal Complex	<input type="checkbox"/> Other: _____
<input type="checkbox"/> CNHSA/CNHCC <i>(Hospital or clinic)</i>	<input type="checkbox"/> Community Presentation	<input type="checkbox"/> Word of Mouth	_____
<input type="checkbox"/> Phone Book	<input type="checkbox"/> Courts, P&P, Legal	<input type="checkbox"/> Website	_____



**CHOCTAW NATION RECOVERY CENTER**

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**PRE-ADMISSION RELEASE OF INFORMATION**

I, \_\_\_\_\_ am authorizing the release of information regarding:  
*Name of Potential Client*  
waiting list status, scheduling for admission, and/or eligibility for treatment and \_\_\_\_\_ .

I am authorizing Choctaw Nation Recovery Center, a residential treatment center, whose address is: 13224 SE 202 Road; Talihina, OK 7 4571 to release this information to the following sources *(complete all that apply)*.

• **DHS:** *List County, Name of Worker, and Phone Number:*

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

• **Alcohol/Drug Treatment Program:** *List Program, Name of Worker, Phone Number, etc.*

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

• **Other: Probation/Parole Officer, DA. or Assistant D.A., Lawyer or Attorney:** *List all that apply with name, title, and phone number:*

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

I understand that my records are protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disposed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke 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.)

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

\_\_\_\_\_  
Signature of Potential Client

\_\_\_\_\_  
Date



**CHOCTAW NATION RECOVERY CENTER**

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**PRE-ADMISSION MEDICAL HISTORY FORM**

**1. Client Identification**

_____	_____	_____	_____
Last Name	First Name	M.I.	Date
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____		
Date of Birth	Social Security Number		

**2. Medical History:** *List all relevant medical history, medical problems, including allergies and mental health issues:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. List any prescription medications that you are currently taking:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. List any over the counter medication that you are currently taking:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PPD Results: \_\_\_\_\_

\_\_\_\_\_

Date & Time Given

\_\_\_\_\_

Signature of Person Reading PPD

\_\_\_\_\_

Date



## **INFORMED CONSENT FOR PLACEMENT**

The Choctaw Nation Recovery Center, its employees, affiliates, consultants, and physicians are authorized to review any and all information contained in the Choctaw Nation Recovery Center application packet to determine the appropriateness of the applicant's placement at the Recovery Center.

I understand that my records are protected under Federal Law 42CFR, part two, and state confidentiality laws and regulations, and cannot be released without my written consent unless otherwise provided within those laws and regulations. Federal regulations prohibit any further disclosure of the specified information without specific written consent of the person to whom it pertains, or as otherwise permitted by such laws and regulations. I also understand that I may revoke this consent in writing, at any time, unless action has already been taken based upon it and that in any event, this consent expires automatically upon transmittal of the specified information or within ninety (90) days after the signing of this consent unless another date is specified.

**The information authorized for release may include records, which may indicate the present of a communicable or venereal disease, which may include, but not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the Human Immunodeficiency Virus (HIV), or Acquired Immune Deficiency Syndrome (Aids).**

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**Applicant Signature**

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**Date**



PERSONAL BELONGINGS LIST

CNRC staff will not be responsible for items lost or stolen. Spending money and a roll of quarters may be brought for purchasing personal items and for use in the vending machines.

NO LUGGAGE: please pack all of your belongings in garbage bags. This is to prevent the spread of illness/disease and parasites. If you arrive with luggage we ask that your family remain until all of your belongings have been transferred into disposable bags so that we can send your luggage back with them.

Clothing: We recommend/suggest that each client entering the program bring the following items (as possible):

- 5 Shirts all shirts must have short or long sleeves- NO sleeveless
2 Pair of Shorts not to be shorter that 2 inches above the knee
2 Sweatpants must be appropriate size and must be hemmed, no baggie's,
5 Pair of Pants cut offs, or holes in pants allowed
5 Pair of Undergarments underwear, boxer, etc.
5 Pair of Sleepwear shorts, t-shirts, lounge pants, etc.
5 Pair of Socks
3 Pair of Shoes 1 pair Street Shoes, 1 pair Tennis Shoes or Boots (no steel toed), and 1 pair Shower Shoes (flip flops)

Any garments or accessory that displays inappropriate language or images (profanity, sexual content, alcohol, tobacco, drugs, ethnic slurs, slogans/symbol, etc.) is forbidden.

Personal Hygiene: Soap, Toothbrush, Toothpaste, Deodorant, Razor, Shaving Cream, Nail Clippers, Brush, Comb, Shampoo, Conditioner, Mouthwash (ALL ITEMS MUST BE ALCOHOL FREE AND NO AEROSOL)

Miscellaneous: Calling Cards, Postage Stamps, Envelopes, Etc. If it is not on the list DO NOT bring it. All items are subject to staffs approval.

DO NOT BRING THE FOLLOWING ITEMS:

- Cell Phones, Knives, Radios, Hangers, Cologne / Aftershave, Books or Magazines, Clocks, Hair or Beard Clippers, Hair Styling Products, Food,Snacks,and/or Soda, Hair Color or Hair Dye, MP3 Players, Medication (only bring a list), Facial Cleansers Makeup, E Cigarettes, Electronic devices and battery operated devices are not allowed.

Please remember, all bags are subject to search upon entry into treatment, and all materials are subject to staff approval. Anything that is not supposed to be brought will be taken away until after you leave treatment Anything left at the Recovery Center when you leave will be held for one (1) week then it will be disposed of.

During the 1st week of treatment there are no phone calls permitted but clients can receive and send letters. Clients are allowed to make one 15 minute phone call each night using a calling card beginning the 2nd week. If a client needs items dropped off during his stay, drop off hours are M-F 8:00 am - 4:30 pm. NO FAMILY/FRIENDS ARE ALLOWED TO DROP OFF ITEMS DURING THE WEEKENDS OR HOLIDAYS. If you have any questions about what to bring please call the Intake Coordinator at 918-567-2389.

# DIRECTIONS:



**Choctaw Nation  
Recovery Center**

Original  
Hospital  
Complex

OEH

Behavioral  
Health

Chi Hulle U  
Women's Center

Kiamichi Ve-Tech

Veteran's Center

63A

Youth Center

Southeast 202 Road

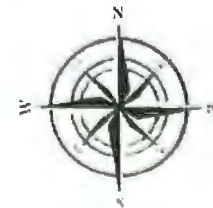
**Choctaw  
Nation Health  
Care Center**

4-Way  
Stop

Hospitality  
House

OK 1  
63

OK 1  
63



## Choctaw Nation Recovery Center

13224 Southeast 202 Road

Talihina, Oklahoma 74571

Questions: Please contact 918-567-2389

Thank you!

### 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 1.5 miles
- 5) Old hospital will be on the left, stay right, follow road .3 miles, Recovery Center will be on the right at the top of the hill.

### 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 1.5 miles
- 6) Old hospital will be on the left, stay right, follow road .3 miles, Recovery Center will be on the right at the top of the hill.

### 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 N/ 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 1.5 miles
- 9) Old hospital will be on the left, stay right, follow road .3 miles, Recovery Center will be on the right at the top of the hill.