APPLICATION PACKET

Telephone: (918) 453-5500
Toll Free: (877) 448-0496
Fax: (918) 458-0499

E-Mail Contact:
Vickie Goodnight, Office Manager/Intake Coord.: vickie-goodnight@cherokeec.org

Rev. 11/01/05 vlg
The contents of the application consist of:

- Cover letter: 2 pages, outlining packet in detail,
- Referral information sheet: 1 page, address and phone of contact person,
- Admission criteria: 2 pages, outline of admission criteria and procedures,
- Informed consent for placement: 1 page, release form,
- Applicant questionnaire: 5 pages, signature page for release of information,
- Guardian questionnaire: 5 pages, signature page for release of information,
- Personal Belongings List: 1 page, retain for future reference,
- Physical: 2 pages
- Transportation responsibility: 1 page

In addition to the above, the following documents are required to complete the application packet. Copies of the required documents are sufficient; do not send original birth certificate, CDIB, Social Security card or immunization records.

- Certificate of Degree of Indian Blood (CDIB, or Tribal membership document (copy),
- Comprehensive immunization record (copy),
- Social Security card (copy),
- Birth Certificate (copy),
- Transcript and any/all pertinent academic records from last completed semester of school,
- If applicant has previously been in treatment, copies of discharge summaries will be needed or if applicant is currently in treatment, copies of progress notes will be needed.
- Any/all court documents relating to current and past legal issues (if applicable),
- Psychological or substance abuse assessment completed by qualified professional, and
- If custody of applicant is not with biological parents, biological parents are divorced or applicant is in state or tribal custody, document specifying legal custody of applicant is needed.
JACK BROWN CENTER
Referral Information

Applicant: __________________________

D.O.B.: _______________ Tribal Affiliation: __________________________

Mother: __________________________
Address: __________________________
City/State/Zip Code: __________________________
Home Phone: (____)_________________ Work Phone: (____)_________________

Father: __________________________
Address: __________________________
City/State/Zip Code: __________________________
Home Phone: (____)_________________ Work Phone: (____)_________________

Referral: __________________________
Referral Agency: __________________________
Address: __________________________
City/State/Zip Code: __________________________
Office Phone: (____)______________ ext. ______ Fax: (____)_________________
E-mail: __________________________ Cell: (____)_________________

Referral will be the contact person for information regarding this application.

Additional Information:
Dear Guardian/Referral:

Enclosed is the application packet for admission to residential treatment at the Jack Brown Center. The packet consists of:

✓ **Referral Information Sheet:** Document to provide us with a contact person for updates on the progress of the application. If the family completes the application, they will not need to complete the referral section.

✓ **Admission Criteria:** Document outlining the Center’s policy and procedures for consideration of admission.

✓ **Informed Consent for Placement:** Form necessary to permit Center staff to review the information contained in the application packet. Applicant and the applicant’s legal guardian must sign this form.

✓ **Applicant Questionnaire Form:** Intended to provide information about the applicant and should be completed by the applicant with assistance from the guardian or case manager. The applicant and applicant’s legal guardian must sign the first page of the questionnaire.

✓ **Guardian Questionnaire Form:** To be completed by the legal guardian or primary care taker and intended to provide history of personal information about the applicant. The person providing the information must sign the first page of the questionnaire.

✓ **Personal Belongings List:** Will need to be adhered to. Items brought that are not on the list will not be accepted into the Center and will be returned to parent/guardian. Please retain a copy for future reference, should the applicant be accepted into treatment.

✓ **Transportation Responsibility:** From accepting responsibility to provide return transportation for applicant should he/she be accepted into treatment. Form will need to be signed by the party providing transportation. If applicant will be flying or taking the bus, a copy of the return ticket will need to be forwarded to the Center prior to admission.

✓ If the applicant is currently on probation or has pending court involvement, it is necessary to include pertinent documents describing the nature and outcome of the court involvement and the obligations of the applicant to the court. If applicant is court ordered to complete treatment, the court order will need to include aftercare services.

✓ In addition, if custody of applicant is with any person or agency other than the biological parents, a document, which clearly determines the legal guardian of the applicant, must be included with the application packet.
✓ Please include a copy of the applicant’s Certificate Degree of Indian Blood (CDIB), or tribal membership (can not accept parent’s CDIB), comprehensive immunization record, social security card, birth certificate and transcript of the last semester completed in school.

✓ A psychological or substance abuse assessment will need to be included with the completed packet. Also, if the applicant has received any counseling or assessment services by a social service agency or tribal agency, it is necessary to include pertinent information regarding any services, which were provided to the applicant, such as discharge summaries or progress notes.

✓ For out-of-state applicants, upon acceptance, a changeable round-trip airline ticket will need to be provided. Cost of ticket changes will be incurred by the referring agency.

If you have any questions regarding the application packet, operation of the Center, or services provided, please feel free to contact my office at (918) 453-5505

Sincerely,

Vickie Goodnight, Office Manager/Intake Coordinator
Jack Brown Treatment Center
JACK BROWN CENTER  
Admission Criteria

POLICY

Residential treatment is intended for youth 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 those youth with evident and serious substance abuse problems, along with social, emotional, and behavioral problems. Those whose histories clearly demonstrate that less inclusive treatment has failed or who present an immediate danger to themselves or others, as the result of continued substance abuse.

PROCEDURE

I. Admission Criteria:

A. Primary Requirements: Clients admitted to residential services must require the constant availability of counseling and supervision on a 24-hour basis, by reason of the following:

1. Diagnosable alcohol, drug and other substance abuse problems, as determined by the application packet, previous assessments of the Substance Abuse Diagnostic Schedule.
2. Evident physical and mental dysfunction related to alcohol, drugs, or other substance abuse.
3. Experienced negative consequences as a result of the abuse of alcohol, drugs or other substance use (examples: school suspension, declining school performance, drug or alcohol related arrests, etc.).
4. Between the ages of 13 and 18 years.
5. Not currently suffering from or exhibiting acute/chronic psychotic symptoms, acute suicidal ideation or severe mental retardation.
6. Eligible for enrollment in an appropriate school system.
7. Meets criteria for IHS eligibility for services.

II. Intake Process:

A. Only those persons who meet the primary guidelines of the admission criteria will be eligible for consideration of admission.
B. Admission Procedure:

1. Upon receipt of the application packet the admission/intake personnel will respond by phone and/or in writing to the referring agency personnel or family to acknowledge receipt of application packet.

   a. The written notification of receipt of packet will include a checklist of the documents needed to complete the application packet. Only completed packets will be reviewed for consideration for admission.
   b. The documents may also be faxed to the center at (918) 458-0499.

2. When it is determined that the application packet is complete, it will be reviewed by the Multidisciplinary Treatment Team.

   a. The Multidisciplinary Treatment Team mentioned above will review the completed application 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.

3. Decision Outcome:

   a. The applicant is accepted for treatment, center admission/intake personnel will contact the referral and/or family with date of admission.
(1) If the center is at maximum capacity, a waiting list will be maintained. Admissions 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 and/or families will be notified by center personnel to determine current status of applicant. Designated staff will document all correspondence.

b. If the applicant is not accepted for admission or if ineligible for services, center admission/referral personnel will contact the referral agency personnel and/or family and provide referral to the most appropriate facility available.

(1) Admission/referral personnel will notify personnel and/or the applicant’s family and provide information regarding the admission or referral of the applicant.

(2) Admission/referral personnel will maintain and update, area and national directories of services to facilitate for inappropriate and ineligible applicants.

(3) Records of applicants who are determined inappropriate or ineligible for admission will be maintained and utilized to determine any evident similarities or patterns. This information will be incorporated into the annual report at program goals of the following year.

(a) Records of applicants who were not approved for admission will indicate:

- The reason for ineligibility, and
- The recommendations for alternate services.

III. 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.

IV. The criteria for re-admission into the facility will be the same as the admission criteria. Also required would be treatment updates and substance abuse evaluations following discharge from the Jack Brown Center.
JACK BROWN CENTER
Informed Consent for Placement

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

I understand that my records are protected under Federal Law CFR 42 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 days after the signing of this consent unless another date is specified.

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

Applicant: ___________________________ Date: ______________

Guardian: ___________________________ Date: ______________
JACK BROWN CENTER
 Applicant Questionnaire Form

I, __________________________, authorize the release of the information provided on this questionnaire to the Jack Brown Center for the purpose of evaluating my child's need for residential substance abuse and/or psychological treatment. I understand that the questionnaire will be placed in the medical records of my child and may be used by the Jack Brown Center treatment staff for all phases of treatment including referral.

Applicant: __________________________ Date: __________

Guardian: __________________________ Date: __________

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Applicant should receive assistance from referral personnel or family member to ensure that accurate information is provided.

I. Demographic Information:

1. Applicant's name: ____________________________________________

2. Address: __________________________________________________

3. Father: ___________________________ Tribal Affiliation: ______________

4. Mother: ___________________________ Tribal Affiliation: ______________

5. Current marital status of biological parents:
   a. married      b. divorced      c. separated      d. single parent      e. widowed

6. Applicant's current living situation:
   a. mother      b. father      c. stepmother      d. stepfather
   e. foster family      f. adoptive family      g. boarding school      h. group home
   i. extended family      j. detention

7. Describe your (applicant) problem(s): ____________________________________________

8. Circle the letter of the most accurate response in regard to your problem(s).
   a. mild      b. moderate      c. severe

9. What do you feel your strengths, needs, abilities and preferences are?
   Strengths: ________________________________________________________

   Needs: __________________________________________________________

   Abilities: _________________________________________________________

   Preferences: ______________________________________________________

10. What do you hope to gain from treatment?

II. Educational Information:

1. Have you ever been caught using alcohol or drugs at school? Yes  No

2. Do you have trouble concentrating or paying attention to what is going on around you?
   Yes  No

3. Do you experience frequent mood changes, such as being very happy to very sad or very calm to very angry? Yes  No

4. Do you consider yourself to be a member of a “gang”? Yes__________ No

III. Family/Social Information:

1. Who are the most important people in your life? ____________________________

2. Who do you share your problems with? ______________________________________

IV. Religious/Spiritual Involvement:

Rev. 11/01/05 vlg
1. Are you a member of a religious denomination? Yes No

2. Do you attend regular church services? Yes No

3. Do you participate in cultural/traditional practices? Yes No

4. Do you rely on your spirituality when you have problems? Yes No

V. Substance Abuse History:

1. Have you ever used inhalants? Yes No

2. Do you smoke cigarettes? Yes No

3. How long has it been since you last drank alcohol or used drugs? Circle the correct answer, and indicate whether it was alcohol or drugs, and what type of drugs.
   a. within the past month: alcohol drugs
   b. within the past six months: alcohol drugs
   c. within the past year: alcohol drugs
   d. more than one year ago: alcohol drugs

4. What was the last drug you used? __________________________

5. How old were you the first time you ever became intoxicated from alcohol or drugs?
   Alcohol: ________ Drugs: ________

6. How long has it been since you were intoxicated from alcohol or drugs?
   a. within the past month: alcohol drugs
   b. within the past six months: alcohol drugs
   c. within the past year: alcohol drugs
   d. within the past three years: alcohol drugs
   e. more than three years ago: alcohol drugs

7. What is the drug you were most recently intoxicated from? __________________________

8. Do you think you need more alcohol and/or drugs (than you used to take) to become intoxicated? Yes No

9. Have you ever taken enough alcohol and/or drugs that the next day you could not remember what you had said or done? Yes No
   If yes: Once only Within the past year
   Alcohol _____ Drugs _____ Alcohol and Drugs _____

10. Has family or friends ever told you that they objected to your drinking or drug use? Yes No
    If yes: Once only Within the past year

11. Have you ever thought you used alcohol and drugs too much? Yes No
    Alcohol _____ Drugs _____

12. Have you ever used alcohol or drugs just after you had gotten up to ease a hangover or stop the shakes? Yes No
    If yes: Once only Within the past year
    Alcohol _____ Drugs _____ Alcohol and Drugs _____

Rev. 11/01/05 vlg
13. Has your drinking or drug use ever damaged a relationship with someone you cared about? Yes  No
   If yes: Once only _____ Within the past year _____

14. Have you ever intentionally harmed yourself or attempted suicide while under the influence of alcohol or drugs? Yes  No
   If yes: Once only _____ Within the past year _____

15. Have you ever gone on binges where you kept drinking for at least two days or more without sobering up? Yes  No
   If yes: Once only _____ Within the past year _____

16. What type of drugs have you used? __________________________________________

17. Which of the above listed drugs do you use most often? _______________________

VI. Psychological Information:

1. Do you have trouble falling asleep? Yes  No

2. Do you ever wake up in the middle of the night and have trouble getting back to sleep? Yes  No

3. Have your eating habits changed during the past few months? Yes  No
   If yes: More than usual _____ Less than usual _____

4. Has your energy level changed during the past few months? Yes  No
   If yes: More than usual _____ Less than usual _____

5. Has your interest in your usual activities changed in the past few months? Yes  No

6. At times, have you ever felt that you would rather die than continue living the way you are? Yes  No

7. Have you ever made a suicide gesture or attempt while drinking or using drugs? Yes  No

8. Have you ever heard voices that no one else could hear? Yes  No
   If yes, were you drinking or using drugs at the time? Drinking _____ Drugs _____
   Describe:

9. Do you have difficulty adjusting to change or new situations? Yes  No

10. Have you ever been a victim of emotional, physical or sexual abuse (circle all correct answers)?
   Emotional: Yes  No  Physical: Yes  No  Sexual: Yes  No

VII. Suicidal Warning Signs: (complete section if you answered “yes” to Section VI/question 6)

1. Have you ever made a suicide attempt? Yes  No

2. Have you experienced the past suicide of a friend or relative? Yes  No
3. Do you have frequent thoughts of death? Yes  No

4. Have you talked about or threatened suicide? Yes  No

5. Have you ever made final arrangements, such as giving away prized possessions or making a will? Yes  No

6. Have you experienced sudden personality changes such as not caring about your appearance or experienced sudden outbursts of anger or nervousness? Yes  No

7. Have you experienced changes in school performance, such as skipping classes, dropping out of activities or lowered grades? Yes  No

8. Have you experienced changes in sleep patterns? Yes  No

9. Have you experienced major behavioral changes, such as withdrawing from family and/or friends? Yes  No

10. If a previous suicide attempt was made, was someone nearby who could be easily contacted? Yes  No

11. Did you make plans to ensure that no one could try to stop the attempt? Yes  No

12. Did you have a plan for the attempt, or was it an impulsive act? Planned  Impulse
   Explain:

13. Was a note written? Yes  No

14. What did you want to happen from the attempt?

15. What were your feelings about the attempt?

16. How many past attempts were there?

17. How was the attempt or gesture made?

18. When was the last attempt?
JACK BROWN CENTER
Guardian Questionnaire Form

I, ____________________________, authorize the release of information provided on the questionnaire to the Jack Brown Center for the purpose of evaluating my child's need for residential substance abuse and psychological treatment, if appropriate. I understand that the questionnaire will be placed in the medical records of my child and may be used by the Jack Brown Center treatment staff for all phases of treatment, including referral.

Guardian: ____________________________ Date: ____________________________

Witness: ____________________________ Date: ____________________________

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If you are unable to provide the requested information regarding a specific question, please write "unknown" in the space provided. If you need more space to answer a particular question, please inset additional paper.

I. Demographic Information:

1. Name: __________________________________________________________
   Address: _________________________________________________________
   City/State/Zip: __________________________________________________
   Telephone: work: (___) _______ Home: (___) __________________________

2. Relationship to applicant: _______________________________________

3. If you are not the current legal guardian, please provide the name of the present guardian and their relationship to the applicant: _______________________________________

4. Name of applicant: _____________________________________________

5. Biological parent’s marital status (circle one):
   a. married    b. divorced    c. separated    d. single parent    e. widow

6. With whom or where does the applicant presently live? __________________________

7. Children in the family:
   Name  Age  Living in the home
   _____________________________________  ______
   _____________________________________  ______
   _____________________________________  ______
   _____________________________________  ______

II. Education Information

1. Is applicant currently in school? Yes No
   If yes: Name of School: __________________________ Last grade completed: ______

2. Did applicant attend school during the last semester? Yes No

3. Has applicant ever been enrolled in special education classes? Yes No
   If yes, for what courses/subjects? ___________________________________________

4. Does applicant have an IEP (individualized education plan)? Yes No

III. Medical/hospitalization information (applicant):

1. If the applicant has had any serious medical problem(s), please provide specific information regarding medical condition and care:
   Problem  Date  Care provided
   ____________________________________________  ______  ____________________________________________
   ____________________________________________  ______  ____________________________________________
2. If the applicant is presently taking medication, please list all medications:
   (I understand that I will be required to provide all medications ( ) please initial
   
   Medication ___________________________ Date started ______________
   ___________________________ ______________
   ___________________________ ______________

3. If the applicant has been hospitalized for any reason, please provide specific information regarding any hospitalization:
   
   Facility ___________________________ Reason ___________________________ Date ______________
   ___________________________ ___________________________ ______________

4. Did mother use alcohol/drugs during pregnancy? Yes  No
   If yes: Alcohol _____ Drugs _____ Alcohol and Drugs _____
   Daily _____ Weekly _____ Occasionally _____

5. Did father use alcohol/drugs? Yes  No
   If yes: Alcohol _____ Drugs _____ Alcohol and Drugs _____
   Daily _____ Weekly _____ Occasionally _____

6. Did mother smoke during pregnancy? Yes  No

7. Do special accommodations need to be made for applicant? Yes  No
   Explain: __________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

IV. Legal History

1. Has applicant ever been arrested for alcohol or drug use? Yes  No

2. Has applicant ever been involved in vandalism or property damage when drinking or using drugs? Yes  No

3. Has applicant ever been violent to others, including causing physical harm or injury? Yes  No

4. Is applicant currently on probation? Yes  No
   If yes: reason for probation: __________________________________________
   *Please attach a copy of probation conditions.

5. Does applicant currently have a probation officer he reports to? Yes  No
   If yes: Name: ___________________________
   Address: ___________________________
   Phone: ___________________________
   Fax: ___________________________

6. Does applicant have past legal obligation? Yes  No

7. Does applicant ever been on probation? Yes  No
   If yes: Reason for probation: ___________________________
   Was probation completed: ___________________________
   If no: state reason why: ___________________________

8. Is applicant court-ordered to complete treatment? Yes  No
   If yes, state conditions of court order: __________________________________________
*Please attach a copy of the court order.

V. Treatment History:

1. Has applicant ever had inpatient treatment for alcohol or drug abuse? Yes No
   If yes, please list the name of the facility and the dates attended.

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<th>Facility</th>
<th>Date</th>
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2. If yes to the above question, was treatment completed? Yes No
   If no, explain:

3. Has traditional healing been used in attempts to solve the applicant’s problem?
   Yes No

VI. Applicant Behavior:

1. Does applicant anger easily? Yes No

2. Does applicant ever hit others? Yes No

3. Has applicant ever been assaulitive to family members? Yes No

4. Does applicant sleep poorly? Yes No

5. Is applicant prone to bed wetting? Yes No

6. Does applicant say he/she is worthless or “no good”? Yes No

7. Does applicant self-mutilate? Yes No
   If yes: to what extent: ____________________________

8. Does applicant show an interest in fires? Yes No

9. Has applicant ever run away from home? Yes No
   If yes: Once ___ More than once ___ Often ___
   How long have they stayed gone: _____________

10. If you believe the applicant to have an alcohol or drug problem, please mark the most
     appropriate response: Alcohol ___ Drugs ___ Alcohol and Drugs ___

VII. Parent Input:

1. How do you feel about the applicant entering treatment?

2. What do you feel the applicant’s strengths, needs, abilities and preferences are?
   Strengths: ______________________________________

   Needs: __________________________________________

   Abilities: ________________________________________

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Preferences: ____________________________________________________________

3. What do you hope the applicant will gain from treatment?

4. Are you willing to participate in the applicant's treatment on a weekly basis and to what extent? Yes  No

5. If there are other family members who may be able to be positively involved in the applicant's treatment, please provide the name of the family member and their relationship to the applicant:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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JACK BROWN CENTER
Transportation Form

I, ____________________________, parent/guardian/referral accept full responsibility for the return transportation of ____________________________, if accepted into treatment.

Guardian ____________________________ Date ________________

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JACK BROWN CENTER
Pre-admission Physical Exam Form

This form must be completed by a licensed physician, M.D. or D.O.

Name: __________________________ Date of Birth: ____________________________
Sex: ______ Date of Examination: ____________________________ Physician: ______

I. Medical History:
   1. Date of last alcohol/drug use: ____________________________
   2. Current medication(s) and dosage: ____________________________
   3. Allergies: ____________________________
   4. If there is a history of the following conditions:
      diabetes yes__ no__ liver problems yes__ no__
      high blood pres. yes__ no__ tuberculosis yes__ no__
      seizures yes__ no__ kidney problems yes__ no__
      cardiovascular yes__ no__ other: ____________________________

II. Physical Examination:
   1. height: ______ weight: ______ blood pressure: ______
     pulse: ______ temp: ______
   2. vision: left: ______ right: ______
   3. hearing: left: ______ right: ______
   4. Comments regarding findings: “N” = normal “A” = abnormal
      head/neck N__ A__ throat N__ A__
      eyes N__ A__ teeth N__ A__
      ears N__ A__ chest N__ A__
      nose N__ A__ lungs N__ A__
      mouth N__ A__ abdomen N__ A__
      cardiovascs N__ A__ skin N__ A__
      hernia N__ A__ extremities N__ A__
      genitalia N__ A__ lymphatic N__ A__
      neurologic N__ A__
      Note any abnormalities: ____________________________
   5. Females only:
      LMP: ______ last pap: ______ contraception: ______
      breast: ______ vag: ______ external: ______
      pelvic: ______ BSU: ______ CX: ______
      RV: ______ ADN: ______ Fund: ______

III. Lab screening:
   test date performed results
   CBC ____________________________ ____________________________
   UA ____________________________ ____________________________
   Chem 26 ____________________________ ____________________________

   Additional lab as indicated if at risk:
   test date performed results
   HB(s) Ag. ____________________________ ____________________________
   Anti-Hav ____________________________ ____________________________

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IV. **Mental status:**
   general appearance:
   attitude/behavior:
   speech:
   mood/affect:
   perception:
   orientation:

**Thought content:**
   suicidal ideation:
   preoccupations:
   somatic concerns:
   delusions/hallucinations:

**Thought process:**
   insight:
   judgement:

V. **Restrictions:**

VI. **Specifics:**
   therapy:
   diet:
   medications:

I have examined this individual and find he/she is _is not_ physically fit and capable of participating in vigorous activity.

List physical limitations, if any:

Physician’s Address:

Physician’s Telephone:

Physician’s signature  Date
Personal Belongings List

$20.00 maximum spending money and photo ID, kept with Primary Counselor. Postage stamps (optional) 3 letter maximum charged to Jack Brown Center per week

<table>
<thead>
<tr>
<th>Maximum</th>
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<tbody>
<tr>
<td>Shirts/undershirts</td>
</tr>
<tr>
<td>Dresses/skirts</td>
</tr>
<tr>
<td>Pants/sweat pants</td>
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<tr>
<td>Socks (pair)</td>
</tr>
<tr>
<td>Shoes</td>
</tr>
<tr>
<td>House shoes and/or flip flops</td>
</tr>
<tr>
<td>Belt</td>
</tr>
<tr>
<td>Underwear/Bras</td>
</tr>
<tr>
<td>Pajamas</td>
</tr>
<tr>
<td>Shorts</td>
</tr>
<tr>
<td>Swimsuit</td>
</tr>
<tr>
<td>Coat/jacket/hoodie</td>
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<tr>
<td>Stuffed animals</td>
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<tr>
<td>Hat (outside only)</td>
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</tbody>
</table>

All clothing is at the discretion of the Director

No body jewelry

No recreation equipment unless provided by JBC

To be supplied by family or referral (italic items need to have at admission)

All hair products are a privilege of levels 3 and 4;

| Toothbrush | 1 | Nail clippers |
| Wristwatch | 1 (kept in client's room) | Tweezers |
| Hair accessories | 4 (non-metal) | Hairbrush/comb, 1 each |
| Baby Powder | 1 | Mousse/Gel/hairspray (no alcohol will first three ingredients, non-aerosol) |
| Make-up (foundation & Mascara only) | 1 | razors (no electric/battery operated) |
| Shaving Cream | 1 | razors allowed |
| Conditioner | 1 | |
| Deodorant | 1 (solid, non-aerosol) | Shampoo |
| Acne cream | 1 | Toothpaste |
| Feminine Hygiene items | (4 months' supply) | Soap |
| Curling/flat irons | 1 (level 3 & 4 only) | Bottle of lotion |
| Sunglasses (Outside only) | 1 | |

IF IT'S NOT ON THE LIST, DO NOT BRING IT

If client's clothes are not appropriate, the Jack Brown Center will provide the client with sweatpants until appropriate clothing can be obtained by parent/legal guardian.

Jewelry allowed: JBC arts and crafts or acquired at JBC sponsor or supported events, Silicon wrist bands, one religious item to be kept in room.

*No metal objects.

Intake inventory will be done before guardian or referral leaves. Any items not approved by JBC staff will be sent back with guardian or referral and will not be allowed on unit.

Clients may only bring in other clothing items to replace their current clothes if clothes are not fitting, rips/tears or weather changes. If a client needs to trade out clothes they will be responsible to ask residential staff to complete an inventory check, before their next pass, of what they have, what will be sent home before new items come in, and what they need. The inventory check will be approved by the LRA before the client may bring in items. If items are approved for a client to bring back from pass the inventory will be completed upon from pass by the residential staff on duty with the client and guardian present. Any items not previously approved will not be allowed on unit and will be sent back with guardian.

Revised v/0g 1/2018