



Dear Applicant,

Thank you for your interest in our program. Per your request we are sending you an information packet with the Standard Application for Admission. In order for us to determine the eligibility of your child for our program, **please return the application packet along with any additional information that is required. Please keep the referral information for your records.**

Once the completed application has been received, we will contact you to schedule an interview/assessment. The client and the custodial parent (s)/guardian(s) will be provided with a tour of the Tulsa Boys' Home campus. The interview/assessment and tour will take around two hours; both parent (s)/legal guardian(s) and the client must be present for the interview/assessment and tour.

Following the interview/assessment, the application will be reviewed by our Intake Team in order to determine the following:

- 1) appropriateness of your child's placement in our program.
- 2) the need for additional information.
- 3) an appropriate referral in case admission is denied.

You will be notified in writing of our final decision.

Please call if you have questions or need assistance: Tel. (918) 245-0231 Ext. 5012 or 918-728-5058. We look forward to assisting you during this process.

Regards,

Ashlie Simpson, MS, LPC  
Admissions Counselor  
Substance Abuse Program  
Tulsa Boys' Home

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**Executive Director**

Gregory T. Conway



## Directions to Tulsa Boys' Home

Physical Address: 2727 South 137<sup>th</sup> West Avenue, Sand Springs, Oklahoma 74063

**Skiatook Area:** Take I-75 south toward Tulsa. **When nearing downtown Tulsa area, take Hwy 64/51 West to Sand Springs. About 10 miles west of downtown Tulsa, take the Sand Springs & Sapulpa Hwy 97/51 exit. Follow 97 South across the Arkansas River. At the first signal light after crossing the bridge, turn right onto Hwy 51 West. Follow this Hwy for 1.5 miles. After passing the "L.E. Rader" center, turn left onto South 137<sup>th</sup> West Avenue. Follow this road for .25 mile. The entrance to Tulsa Boys' Home is on the left.**

**Okmulgee Area:** Take Hwy I-75 North toward Tulsa. When nearing downtown area, **FOLLOW THE ABOVE DIRECTIONS IN BOLD.**

**Muskogee Area:** Take Hwy 51 (the Muskogee Turnpike, also the Broken Arrow Expressway) North to downtown Tulsa. When nearing downtown area, **FOLLOW THE ABOVE DIRECTIONS IN BOLD.**

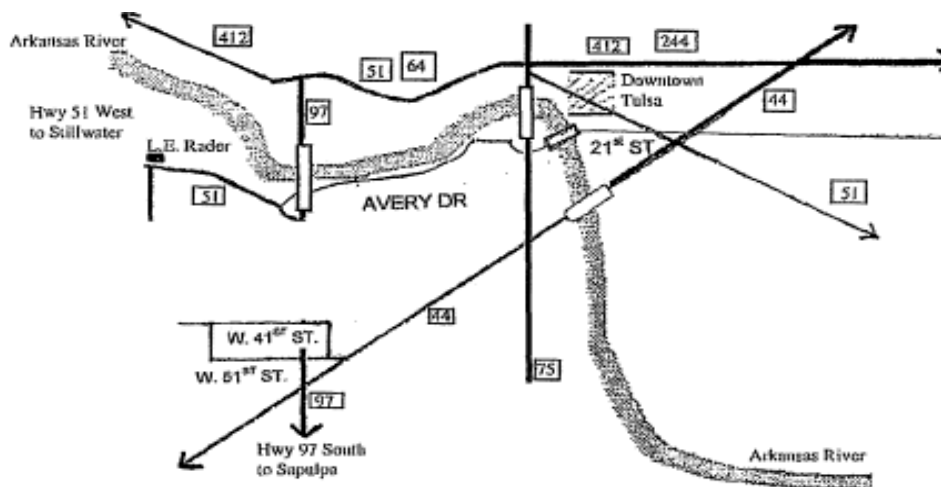
**Claremore Area:** Take I-44 West to Hwy 244 West. Follow 244 West toward downtown Tulsa. When nearing downtown area, **FOLLOW THE ABOVE DIRECTIONS IN BOLD.**

**Stillwater Area:** Take Hwy 51 East toward Tulsa. Approximately 12 miles East of Mannford you will see a water tower, and the "L.E. Rader" center on the left. Before passing the "L.E. Rader" center, turn right onto South 137<sup>th</sup> West Avenue. Follow this road for .25 mile. The entrance to the Tulsa Boys' Home is on the left.

**Oklahoma City Area:** Take Hwy 44 North East toward Tulsa. Take the "Sapulpa/Sand Springs, Hwy 97" exit. Take Hwy 97 North to the Arkansas River. At Hwy 51, turn left and follow Hwy 51 West for 1.5 miles. After passing the "L.E. Rader" center, turn left onto South 137<sup>th</sup> West Avenue. Follow this road for .25 mile. The entrance to the Tulsa Boys' Home is on the left.

**Tulsa Area:** Take any of the major highways toward downtown Tulsa. **FOLLOW THE ABOVE DIRECTIONS IN BOLD.**

**Alternative Tulsa Route:** Take Hwy I-44 East toward Oklahoma City. Take the 51<sup>st</sup> Street exit. Turn left onto 41<sup>st</sup> Street and travel to South 137<sup>th</sup> West Avenue. Turn right on 137<sup>th</sup>. The entrance to the Tulsa Boys' Home is on the right.





## Admission Selection Process

Tulsa Boys' Home is a non-profit, residential treatment facility for adolescent males, ages 13 through 17, using the Tulsa Boys' Home Treatment Model as the basic program for behavior modification and therapeutic interventions. The program is designed for family reunification with an emphasis on healing and forgiveness. Family participation is required in weekly or bi-weekly counseling sessions with the child's Youth and Family Counselor. In order to assure the best possible "fit" between the agency's program and the families' needs, the following admission criteria has been established for families seeking placement. These criteria will be used as general guidelines for the selection process. The Intake Team reserves the right to make the final decision.

### ADMISSION CRITERIA:

- Must be male, ages 13 through 17, at the time of admission.
- The primary reason for admission must be substance abuse issues.
- Must have medical insurance.
- Must legally reside within the state of Oklahoma.
- Must not be able to function in a less restrictive environment and need out-of-home placement.
- Must not require inpatient hospitalization, a facility with a 24-hour locked perimeter, or other more intense level-of-care.
- Must not be in imminent danger to self or others at the time of admission (e.g. no suicidal or homicidal ideations).
- Must not need detoxification for alcohol or substance abuse at the time of admission.
- Youth admitted must be assessed for communicable diseases.
- Youth must receive a medical and dental exam prior to admission. You may wait to schedule the exams until you have been contacted by the Admissions Counselor.

### REQUIREMENTS:

- **For the family:**
  - Willingness and ability to support the program.
  - Make a commitment to change themselves, not just wanting the child to change.
  - Make the time to attend counseling and therapy sessions.
  - Willingness to support the child's ongoing recovery process.
- **For the child:**
  - Willingness to commit to the program and make changes.
  - Participation in weekly individual, group and family sessions.
  - Willingness to participate in their own ongoing recovery.



**Admission Checklist**  
(Please complete in BLACK ink only)

***Prior to Intake:***

- \_\_\_ Standard application **FULLY** completed
- \_\_\_ Copy of the child's Birth Certificate
- \_\_\_ Copy of the child's Social Security card
- \_\_\_ Enclosed "Financial Disclosure Statement" filled out
- \_\_\_ Verification of the "Financial Disclosure Statement" (W-2, paycheck stubs, etc.)
- \_\_\_ Enclosed "Medical Needs Inventory" filled out
- \_\_\_ Enclosed "Health History" filled out
- \_\_\_ Copy of child's immunization records (must be up to date)
- \_\_\_ Copy of child's insurance card
- \_\_\_ Copy of child's school transcripts

***If applicable:***

- \_\_\_ "Admission & Discharge Summary" from any Group Home, Hospital, or therapist that the child has been to (due to behavior or substance abuse) within the past four years.
- \_\_\_ Copy of divorce decree, adoption papers, or court identifying legal custodian
- \_\_\_ Copy of any legal documents pertaining to the child's legal charges
- \_\_\_ Psycho/Educational test results, conducted within the past 3 years (if the child qualifies for LC or Special Education classes)
- \_\_\_ Copy of current IEP
- \_\_\_ PHI for OJA/Probation Officer
- \_\_\_ CDIB Card
- \_\_\_ Psychological Evaluation completed within the last 12 months
- \_\_\_ Dental Exam

***Exams required prior to Intake:***

- \_\_\_ Physical Exam (Including HIV, TB and Hep C test)
- \_\_\_ COVID-19 Test (must test negative)

***ALL OF THESE DOCUMENTS ARE VERY IMPORTANT  
AND MUST BE PROVIDED PRIOR TO ADMISSION***



**Tulsa Boys' Home**  
**Substance Abuse Treatment Program**

P.O. Box 1101 \* Tulsa, OK 74101 \* Phone: (918) 245-0231 \* Fax: (918) 241-5031



**Standard Application for Admission – Substance Abuse Treatment Program**  
 (Complete and return to the admissions department)

**Child's Information** (Please print clearly and do not leave any blanks)

Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_  
As listed on birth certificate First Middle Last  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SS Number: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Race: \_\_\_\_\_  
 Address of Child's current residence: \_\_\_\_\_  
Street City/State Zip  
 Person/Agency with whom the child resides: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Is child adopted: \_\_\_\_\_ By whom: \_\_\_\_\_ Date: \_\_\_\_\_

**Legal Custodian Information** (Please print clearly and do not leave any blanks)

Full Legal Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
First Middle Last  
 Current Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Street City/State Zip  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

**Any other person having Joint Custody, Guardianship, or any other Legal Responsibility for this child** (Please print clearly and do not leave any blanks)

Full Legal Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
First Middle Last  
 Current Address: \_\_\_\_\_  
Street City/State Zip  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
 If by Court Action, give type:  Divorce  Guardianship  Temporary  
 Court of Jurisdiction: \_\_\_\_\_ Case Number: \_\_\_\_\_

**Emergency Contact – Other than Legal Guardian(s)** (Please print clearly and do not leave any blanks)

Full Legal Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
First Middle Last  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

**Medical Insurance** (Please print, do not leave any blanks)

Insurance Company: \_\_\_\_\_ Policy Number/Member ID: \_\_\_\_\_  
 Insured Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Signatures**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Legal Guardian/Parent Print Name  
 Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Legal Guardian/Parent Print Name

**Office Use Only**

Date Received: _____	Will interview be scheduled? YES NO	Will admission be scheduled? YES NO
By: _____	If no, reason: _____	If no, reason: _____
Completed in full: _____	If yes, date of interview: _____	If yes, date of admission: _____



## Health History

**Does your child have any food restrictions, due to any of the following:**

- |   |                             |                              |  |
|---|-----------------------------|------------------------------|--|
| 1. Food allergies:                          | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |
| 2. Religious food needs:                    | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |
| 3. Food incompatibilities with medications: | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |

**If yes, please explain:**

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**Please describe:**

1. Any allergies known and type of reaction: \_\_\_\_\_
2. Any condition requiring medications: \_\_\_\_\_
3. Physical restrictions due to medical reasons: \_\_\_\_\_

**At any time in the past has he had any operations involving:**

- |                                    |                             |                              |  |
|------------------------------------|-----------------------------|------------------------------|--|
| a. Head, eyes, ears, nose, throat? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |
| b. Chest, head, abdomen?           | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |
| c. Arms. Legs, back?               | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |
| d. Other: _____                    | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |

**Please explain any conditions checked above:**

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**At any time in the past has he had any injuries to the following:**

- |                                    |                             |                              |  |
|------------------------------------|-----------------------------|------------------------------|--|
| a. Head, eyes, ears, nose, throat? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |
| b. Chest, head, abdomen?           | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |
| c. Arms. Legs, back?               | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |

**Please explain any conditions checked above:**

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**At any time in the past has he had any major illnesses, acute or chronic, involving the following:**

- |                                     |                             |                              |  |
|-------------------------------------|-----------------------------|------------------------------|--|
| a. Head, eyes, ears, nose, throat?  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |
| b. Heart, lungs?                    | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |
| c. Abdomen, stomach, or intestines? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |
| d. Skin, joints, bones or muscles?  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |
| e. Other: _____                     | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |

**Please explain any conditions checked above:**

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**Does your child currently experience, or has ever experienced any of the following:**

- |  |                             |                              |  |
|--|-----------------------------|------------------------------|--|
| • Hearing loss or repeated ear infection?                    | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |
| • Severe or repeated skin infections?                        | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |
| • Blindness, color blindness, double vision, blurred vision? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |
| • Wear or need glasses or contact lenses?                    | <input type="checkbox"/> NO | <input type="checkbox"/> YES |  |



# Tulsa Boys' Home Substance Abuse Treatment Program

P.O. Box 1101 \* Tulsa, OK 74101 \* Phone: (918) 245-0231 \* Fax: (918) 241-5031



## Health History - Continued (Please print, do not leave any blanks)

- Asthma, wheezing, chronic cough, unusual or uncomfortable shortness of breath?  NO  YES
- Chest pain or discomfort?  NO  YES
- Irregular or unusually fast heart rate?  NO  YES
- Blood from the rectum, hepatitis, jaundice (turning yellow)?  NO  YES
- Frequent diarrhea or frequent abdominal pains?  NO  YES
- Kidney infections, kidney stones or repeated bladder infections?  NO  YES
- Seizures or convulsions?  NO  YES
- Swelling, pain or stiffness in joints?  NO  YES
- Deformity of arms or legs?  NO  YES
- Anemia or unusual bleeding?  NO  YES
- Abnormal or high blood pressure, diabetes, thyroid problems or other gland problems?  NO  YES
- Back or neck pain?  NO  YES
- Wear dentures or braces?  NO  YES

### Has your child ever had any of the following:

- Whooping Cough       Mumps       Hay Fever       Red Measles       Chicken Pox

### Please answer the following questions:

Date of your child's last Tetanus Immunization: \_\_\_\_\_

Date that your child was last seen by an Optometrist: \_\_\_\_\_

Has your child been prescribed glasses?  NO  YES

Date that your child last had his hearing tested: \_\_\_\_\_

Has he been treated for hearing problems?  NO  YES

Has he ever been **TESTED** for ADD/ADHD?  NO  YES

Has he ever been **TREATED** for ADD/ADHD?  NO  YES

Optometrist Name: \_\_\_\_\_

Does he have/ wear them?  NO  YES

Describe hearing problems: \_\_\_\_\_

By whom: \_\_\_\_\_ Date: \_\_\_\_\_

By whom: \_\_\_\_\_ Date: \_\_\_\_\_

### Has or does your child use any of the following substances:

- Tobacco       Barbiturates (Downers)       Alcohol       Marijuana       Opiates
- Cocaine/Crack/Speed       Injection Drugs (heroin, meth etc.)       Meth       PCP/LSD       Inhalants

Has your child been treated for substance abuse?  NO  YES      By whom: \_\_\_\_\_ Date: \_\_\_\_\_

Tulsa Boys' Home has my permission to educate \_\_\_\_\_ on physical growth and development,  
**Child's Name**

hygiene, human sexuality, birth control and protection from sexually transmitted diseases, including HIV/AIDS education.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



**Medical Needs Inventory**  
(Please list all medications currently being taken by your child)

Resident: \_\_\_\_\_

Date: \_\_\_\_\_

Medication	Dosage	Frequency	Reason	Doctor Name	Phone Number

**Please list any and all medical needs or conditions, including *any* allergies, your child has at this time.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***I hereby affirm that all of the above information is correct and complete, to the best of my knowledge.***

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

**IMPORTANT: If your child is currently on medication(s)**

1. The parent/legal guardian must provide a thirty-day supply of all medication(s) on the day of admission.
2. Prescription medication not in a correctly labeled up-to-date container, cannot be administered to the child.
3. Please ensure that information about prescription refills is called into Spoon Drug Pharmacy in Sand Springs, Oklahoma, Phone # (918) 245 - 7373, which is the only approved pharmacy for the Tulsa Boys' Home residents.
4. All residents of the Tulsa Boys' Home are evaluated for medications by the staff physician on a monthly basis.
5. No over-the-counter medication(s) will be accepted at the time of admission without a prescription from a doctor.





**Family Information**  
Past Living Environments (Please print)

\*\*\* Please list every setting that the child has lived in by the age below. Please specify the relationship of who they were living with (e.g. biological parents, step-parents, aunts/uncles, grandparents, foster parents, shelter, etc.) \*\*\*

**Age**

0-1 _____	6-7 _____	12 -13 _____
1-2 _____	7-8 _____	13 -14 _____
2-3 _____	8-9 _____	14 -15 _____
3-4 _____	9-10 _____	15 -16 _____
4-5 _____	10-11 _____	16 -17 _____
5-6 _____	11-12 _____	17 -18 _____

Current Family/Household Size: \_\_\_\_\_

**Family - Biopsychosocial Information**  
(Please Check all that apply)

**Mother**

- |   |   |
|---|---|
| <input type="checkbox"/> alc/drug use         | <input type="checkbox"/> legal issue  |
| <input type="checkbox"/> mental health issues | <input type="checkbox"/> health issues (i.e. diabetes, high blood pressure, heart disease, etc) |

**Father**

- |   |   |
|---|---|
| <input type="checkbox"/> alc/drug use         | <input type="checkbox"/> legal issue  |
| <input type="checkbox"/> mental health issues | <input type="checkbox"/> health issues (i.e. diabetes, high blood pressure, heart disease, etc) |

**Sibling(s)**

- |   |   |
|---|---|
| <input type="checkbox"/> alc/drug use         | <input type="checkbox"/> legal issue  |
| <input type="checkbox"/> mental health issues | <input type="checkbox"/> health issues (i.e. diabetes, high blood pressure, heart disease, etc) |

**Other:** \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> alc/drug use         | <input type="checkbox"/> legal issue  |
| <input type="checkbox"/> mental health issues | <input type="checkbox"/> health issues (i.e. diabetes, high blood pressure, heart disease, etc) |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List family strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to see change/improve in your family as a result of your child entering treatment?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Family Information - Continued**

List any special needs related to the child's religious, ethnic, or cultural background:

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List individuals who may **NOT** have contact with your child if admitted into our care:

NAME	RELATIONSHIP	NAME	RELATIONSHIP
NAME	RELATIONSHIP	NAME	RELATIONSHIP

**Education Information**  
 (Please print, do not leave any blanks)

Has your child regularly attended school within the past 3 months?  Yes  No

Current grade: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Last school attended: \_\_\_\_\_  
NAME SCHOOL DISTRICT

**Areas of Concern (check all that apply)**

- Poor Grades/School Credits  
  IEP/ED/LD/ED/SED  
  Special Awards\_  
  School Suspension/Expulsion  
 School Avoidance (truancy/tardiness)  
  Poor relationship with teachers/authority figures  
 Behavioral Issues (fighting, drug use)  
  Difficulty Understanding/Concentrating/Remembering

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emotional/Behavioral Concerns**  
 (Check all that apply)

Your child has...     No Friends     Few Friends     Many Friends

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Aggressive Bx at home/school | <input type="checkbox"/> Running Away                                       | <input type="checkbox"/> Poor Impulse Control          |
| <input type="checkbox"/> Property Destruction         | <input type="checkbox"/> Cruelty to Animals                                 | <input type="checkbox"/> Gang Association/Involvement  |
| <input type="checkbox"/> Verbal Aggression            | <input type="checkbox"/> Physical Aggression                                | <input type="checkbox"/> Self-harm                     |
| <input type="checkbox"/> Suicidal Thoughts            | <input type="checkbox"/> Suicidal Gestures/Attempts                         | <input type="checkbox"/> Homicidal Thoughts/Activities |
| <input type="checkbox"/> Sexual Assault (Perpetrator) | <input type="checkbox"/> Difficulty Understanding/Concentrating/Remembering |  |



**Emotional/Behavioral Concerns - Continued**  
 (Check all that apply)

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Juvenile Court (probation) | <input type="checkbox"/> Drug Use |
| <input type="checkbox"/> Alcohol Use       | <input type="checkbox"/> Tobacco Use                | <input type="checkbox"/> Isolates |

Briefly describe the problem area(s) from previous list, when they started, and attempts to correct them:

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**Emotional/Behavioral Concerns - Continued**  
 (Check all that apply)

**History of Trauma:** (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Sexually Assaulted/Abused | <input type="checkbox"/> Physically Abused  | <input type="checkbox"/> Emotionally Abused |
| <input type="checkbox"/> Exposure to violence      | <input type="checkbox"/> Other stressful situation/event (i.e. car accident, parent incarcerated, etc.) |   |

Briefly describe the episode from previous list, when it started, and attempts made to resolve it (i.e. therapy, reported to authorities, etc.):

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**Legal**  
 (Please print)

- Has your child participated in any unlawful activity?     Yes     No
- Has your child been adjudicated?     Yes     No

If yes, in which court was he adjudicated in? \_\_\_\_\_

What was his judges name? \_\_\_\_\_

What is his J.D.L. Number(s)? \_\_\_\_\_

Who is his Probation Officer? \_\_\_\_\_ Phone: \_\_\_\_\_



**Legal – Continued**  
 (Check all that apply)

**Criminal Charges**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Truancy (skipping school)     | <input type="checkbox"/> Running Away         | <input type="checkbox"/> Assault/Battery                  |
| <input type="checkbox"/> Burglary/Robbery              | <input type="checkbox"/> Property Destruction | <input type="checkbox"/> Possession (drugs/paraphernalia) |
| <input type="checkbox"/> Possession (w/intent to dis.) | <input type="checkbox"/> Larceny              | <input type="checkbox"/> Probation Violation              |
| <input type="checkbox"/> Possession (Fire Arm)         | <input type="checkbox"/> Moving Violation     |   |

Has your child spent time in a detention facility?  Yes  No      Dates: \_\_\_\_\_

Is your child currently in a detention facility?  Yes  No      Dates: \_\_\_\_\_

**Previous Treatment**  
 List Agencies and/or Professionals that have been involved to resolved past/present concerns  
 (For example: Therapists, counselors, child welfare, group homes, hospitals, etc.) (Please print)

Name of Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date (From-To): \_\_\_\_\_ Reason: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date (From-To): \_\_\_\_\_ Reason: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date (From-To): \_\_\_\_\_ Reason: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date (From-To): \_\_\_\_\_ Reason: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date (From-To): \_\_\_\_\_ Reason: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date (From-To): \_\_\_\_\_ Reason: \_\_\_\_\_



## Financial Contribution for Treatment

The Tulsa Boys' Home is a private, non-profit organization. All families placing their son at Tulsa Boys' Home is expected to contribute to the cost of his care. Rates are based on a sliding fee (see separate enclosure) and based on the family's gross annual income (before taxes).

**To determine the monthly payment, please consider the following:**

- Fee is based on the combined gross annual income for the entire household of the (custodial) parent(s).
- If the custodial parents live in two separate households, each family is required to contribute to the cost for the child's care at the Tulsa Boys' Home and the fee is based on each individual entire household income.
- Final decisions about monthly fees will be discussed prior to admission, special circumstances will be taken into consideration.
- The first month payment is due on the admission day.

**Conditions under which fees are changed, refunded, waived, or reduced:**

- Financial circumstances of the parent/legal guardian may change while the child is at Tulsa Boys' Home.
- Fees will only be waived at the discretion of the Executive Director.
- Requests for fee adjustments need to be directed to the Clinical Director.

**Manner and time of payment:**

- Payment for the first full month is due at the time of admission. The Accounting office will pro-rate the cost if the child is admitted after the first day of that month. Subsequent payments are due on the first day of each month.
- Payments need to be sent to or given to the Accounting Office **ONLY**, either by check, credit card, money order, or cash.

**Consequences of non-payment:**

- Delinquent accounts will be notified and may result in the agency requesting the assistance of a collection agency.

**NOTE**

Your monthly contributions to Tulsa Boys' Home as significant as they seem, never fully cover the cost for the care of your child. The agency therefore is depending on other sources of income such as the United Way, fundraisers, private contributions, grant and donations, etc. to meet its annual budget.

*If you have any questions regarding our fees, please contact the Program Director at (918) 527-3014.*



**Residential Placement Sliding Fee Scale**

<b>Gross Yearly Income</b>	<b>Monthly Fee to Tulsa Boys' Home</b>
Under \$15,000	\$80.00
\$15,000-17,999	\$100.00
\$18,000-20,999	\$120.00
\$21,000-23,999	\$140.00
\$24,000-26,999	\$160.00
\$27,000-29,999	\$180.00
\$30,000-32,999	\$200.00
\$33,000-35,999	\$220.00
\$36,000-38,999	\$240.00
\$39,000-41,999	\$260.00
\$42,000-44,999	\$280.00
\$45,000-47,999	\$300.00
\$48,000-50,999	\$320.00
\$51,000-53,999	\$340.00
\$54,000-56,999	\$360.00
\$57,000-59,999	\$380.00
\$60,000-62,999	\$400.00
\$63,000-65,999	\$420.00
\$66,000-68,999	\$440.00
\$69,000-71,999	\$460.00
\$72,000-74,999	\$480.00
\$75,000-77,999	\$500.00
\$78,000-80,999	\$520.00
\$81,000-83,999	\$540.00
\$84,000-86,999	\$560.00
\$87,000-89,999	\$580.00
\$90,000-92,999	\$600.00
\$93,000-95,999	\$620.00
\$96,000-98,999	\$640.00
\$99,000-101,999	\$660.00

Treatment services **WILL NOT** be denied if unable to match monthly fee.



# Tulsa Boys' Home Substance Abuse Treatment Program

P.O. Box 1101 \* Tulsa, OK 74101 \* Phone: (918) 245-0231 \* Fax: (918) 241-5031



## FINANCIAL DISCLOSURE STATEMENT

Please attach most recent copy of W-2, Federal Tax Form, or paycheck stub

Child's Name: \_\_\_\_\_

Parent(s)/Legal Guardian(s): \_\_\_\_\_

### MONTHLY GROSS INCOME - PARENT/LEGAL CUSTODIAN

Earned Income	\$ _____	
Unemployment	\$ _____	
Soc. Security or SSI	\$ _____	
Other	\$ _____	
<b>TOTAL</b>	<b>\$ _____</b>	<b>X 12 Months = \$ _____ ANNUAL GROSS INCOME</b>

### MONTHLY GROSS INCOME - ANY OTHER ADULT MEMBER(S) OF SAME HOUSEHOLD

Earned Income	\$ _____	
Unemployment	\$ _____	
Soc. Security or SSI	\$ _____	
Other	\$ _____	
<b>TOTAL</b>	<b>\$ _____</b>	<b>X 12 Months = \$ _____ ANNUAL GROSS INCOME</b>

### MONTHLY GROSS INCOME - CHILD

Earned Income	\$ _____	
Unemployment	\$ _____	
Soc. Security or SSI	\$ _____	
Other	\$ _____	
<b>TOTAL</b>	<b>\$ _____</b>	<b>X 12 Months = \$ _____ ANNUAL GROSS INCOME</b>

**TOTAL ANNUAL GROSS INCOME OF HOUSEHOLD = \$ \_\_\_\_\_**

**NOTE: All of the child's Social Security benefits are to be paid to Tulsa Boys' Home**

### MONTHLY EXPENSES

Rent or Mortgage	\$ _____	Education Expenses	\$ _____
Utilities	\$ _____	Savings	\$ _____
Telephone	\$ _____	Clothing	\$ _____
Automobile Expenses	\$ _____	Recreation	\$ _____
Groceries	\$ _____	Child Support	\$ _____
Medical Expenses	\$ _____	Installment Payments	\$ _____
Insurance Payments	\$ _____	Other	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>			<b>\$ _____</b>

**FINANCIAL SUPPORT:** The cost for residential care is based on a sliding fee scale and will be determined by the intake department. This fee is based on the total gross yearly income of the legal custodian/parents' household. In the case of joint custody, both households will need to make payments. Please list the amount our agency can expect to receive each month in order to provide for the child while he is a resident at Tulsa Boys' Home (see fee scale).

**MONTHLY CONTRIBUTION TO TULSA BOYS' HOME \$ \_\_\_\_\_**

**NOTE: FAILURE TO DISCLOSE ALL INFORMATION MAY PREVENT PLACEMENT OF THE CHILD.**

*I hereby declare that the above information is true and accurate to the best of my knowledge.*

<b>Signature:</b> _____	<b>Date:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____
<i>Parent/Legal Guardian</i>		<i>Parent/Legal Guardian</i>	



## Treatment Agreement

All families (adults and boys) applying to Tulsa Boys' Home need to read and understand this document before they complete the application form in order to fully understand what the expectations are when the child is placed for treatment.

### The Tulsa Boys' Home Treatment Model

All families who place their child at Tulsa Boys' Home are required to participate in the "TBH Relationship Healing Model".

This requires the following commitment:

- Attending and participating in (bi-) weekly family counseling sessions, to be scheduled with the therapist.
- For everyone in the family to take responsibility for what they have done. We believe that family problems are not caused by just one person and that understanding works better than blaming. Problems are usually the results of multiple factors.
- To talk about painful past or present events, and a willingness to learn new ways to get along better.

What we expect from clients:

- **Residents:** All residents at Tulsa Boys' Home have to write and read their autobiography followed by "Resentment Letters" to anyone who has hurt them or whom they have hurt. This will be done with the help of their therapist (Youth and Family Counselor). At the same time, the residents' behavior will determine which level he is on in the program. Level advances depend on behavior and progress in treatment.
- **Families:** All (step) parents, legal guardians and/or adults that have placed the child at Tulsa Boys' Home, are asked to work through the "Relationship Healing Model" with the help of the lodge therapist. Everyone will be asked to write and read "Amendment Letters" and "Resentment Letters" to the child that is at Tulsa Boys' Home if circumstances permit. At times other family members may be requested to be involved in the therapy sessions.

The treatment goal is for families to learn to forgive one another so they  
can move on to have healthier relationships.





**Treatment Agreement - Continued**

Resident: \_\_\_\_\_ Date: \_\_\_\_\_

The family members of \_\_\_\_\_ have read and understand the Tulsa Boys' Home Treatment Program. We agree that, once our child is placed at Tulsa Boys' Home, we will abide by the agencies requirements to participate in weekly or bi-weekly family therapy sessions. We also agree to put forth every effort to work towards successful completion of our child's Treatment Plan.

Print Name	Signature	Relationship to Resident
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE:** In case of joint custody, both custodial parents are required to be involved in the application and admission process and are required to participate in the child's treatment.



**Tulsa Boys' Home**  
**Substance Abuse Treatment Program**  
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## Referral List

### Group Homes

Baptist Children's Home	Ages 2-18	No Cost	OKC & Owasso	405-924-3800
Boys' Ranch Town	Ages 9-14	Sliding fee scale	Edmond	405-341-3606
Cookson Hills	Ages 5-17	Set Fee	Kansas, OK	918-597-2192
Genesis Project	Ages 6-12	Sliding fee scale	Jones	405-396-2942
Goodland Presbyterian	Ages 6-14	Sliding fee scale	Hugo	580-326-7568
Harbor House	Ages 12-18	Set fee	OKC	405-634-7000
High Point	Ages 12-18	Sliding fee scale	OKC	405-419-1500
Hope Harbor	Ages 9-16	Sliding fee scale	Claremore	918-343-0003
Murrow Children's Home	Ages 6-18	Sliding fee scale	Muskogee	918-682-2586
Oaks Indian Center	Ages 3-18	Sliding fee scale	Oaks	918-868-2196
Peppers Ranch	Ages 10-18	Sliding fee scale	Guthrie	405-260-1870
Sand Springs Home	Ages 5-18	Sliding fee scale	Sand Springs	918-245-3132
The Tipton Home	Ages 5-18	Sliding fee scale	Tipton	580-667-5221
United Methodist Boys Ranch	Ages 5-16	Sliding fee scale	Gore	405-530-2078
Westview Boys' Home	Ages 5-16	Sliding fee scale	Hollis	580-688-9281
Willow Springs Ages	Ages 7-12	Sliding fee scale	Chandler	405-258-5176

### Hospitals/Residential Treatment Centers

Children's Recovery Center	Ages 13-17	-	Norman	405-573-3842
Cedar Ridge Treatment Facility	Ages 6-18	Set fee/Insurance	OKC	405-605-5904
Integrus Mental Health	Ages 5-17	Set fee/Insurance	Spencer	405-427-4716
Parkside Psychiatric Hospital	Ages 13-18	Set fee/Insurance	Tulsa	918-588-8888
Rolling Hills Psychiatric Hospital	Ages 11-18	Sliding scale/Insurance	Ada	580-436-3600
Southern Plains Treatment Services	Ages 12-17	Medicaid Only	Norman	405-217-8405
Red River Youth Academy	Ages 12-17	Insurance/Medicaid	Norman	405-701-8530
Willowcrest Psychiatric Hospital	Ages 5-17	Sliding scale/Insurance	Miami	800-950-7577

### Outpatient Counseling

Center for Therapeutic Interventions	Ages 0-18	Sliding fee scale	Tulsa	918-384-0002
Counseling & Recovery	Ages 4-18+	Sliding scale/Medicaid	Tulsa	918-492-2554
CREOKS Tulsa	Ages 0-18+	Medicaid	Only Tulsa	918-382-7300
DaySpring Services of Oklahoma	Ages 3-18+	Medicaid	Tulsa	918-712-0859
Edmond Family Counseling	-	Sliding fee scale	Edmond	405-341-3554
Family & Children's Services, Inc	Ages 3-18+	Sliding scale/Insurance	Tulsa	918-587-9471
Laureate Outpatient Services	Ages 3-18+	Set fee/Insurance	Tulsa	918-491-3700
Youth Services of Tulsa	Ages 12-17	Sliding fee scale	Tulsa	918-582-0061
Tulsa Developmental Pediatrics	Ages 2-18+	Set fee/Insurance	Tulsa	918-743-3224
Positive Behavioral Strategies	Ages 6-18+	Sliding fee scale	Tulsa	918-585-9888



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**Referral List - Continued**

**Substance Abuse - Outpatient/Inpatient**

CREOKS Tulsa	Ages 10-18	Medicaid/No cost	Tulsa	918-382-7300
Center for Therapeutic Interventions	Ages 0-18	No cost	Tulsa	918-384-0002
Palmer Drug Abuse Program	Ages 12-18	Medicaid/No cost	Tulsa	918-832-7763
Recovery Dynamics	Ages 12-17	Sliding fee scale	Tulsa	918-292-8061
Twelve & Twelve	Ages 18+	Sliding fee scale	Tulsa	918-664-4224
Children's Recovery Center	Ages 13-17	-	Norman	405-573-3842

**Substance Abuse - Residential Care**

Norman Adolescent Substance Abuse Treatment Center	Ages 13-17	Sliding scale	Norman	405-573-3998
Tulsa Boys' Home Substance Abuse Treatment Program	Ages 13-17	Sliding scale	Sand Springs	918-245-0231
Gary E. Miller Canadian County Children's Center	Ages 13-17	Sliding scale	El Reno	405-262-0202
Justin's Lighthouse	Ages 12-17	Call for fees	OKC	405-248-2124

**Youth/Emergency Shelters**

Oklahoma Association of Youth Services	-	-	OKC	405-528-4120
Youth Services of Tulsa	Ages 12-17	No Cost	Tulsa	918-382-4450
The Family Junction	-	-	OKC	405-272-0726
Logan County Youth Shelter	-	-	Guthrie	405-282-7045
Cleveland County Youth and Family	-	-	Norman	405-321-0240
Mid-Del Youth and Family	-	-	Midwest City	405-737-6668
The CALM Center	Ages 10-17	Medicaid/No Cost	Tulsa	918-394-2256

**Hispanic Resource Information**

Catholic Charities		918-585-8167
Hispanic Connection		918-835-6816
Hispanic Resource Center		918-669-6346
YWCA Cultural Center		918-663-0377
Multicultural Outreach Services		918-592-1235

**Parenting**

Helpline	-	877-446-6865
Parent Child Center of Tulsa	Tulsa	918-599-7999
Family & Children's Services, Inc.	Tulsa	918-587-9471
Youth Services of Tulsa	Tulsa	918-582-0061
Copes Crisis Services	Tulsa	918-744-4800

**Juvenile Bureaus in the State of Oklahoma**

Canadian County	Lawton	405-462-0202
Oklahoma County	Oklahoma City	405-713-6437
Tulsa County	Tulsa	918-596-5971

**Military Academy**

Thunderbird Challenge Program	Ages 16-18	Pryor	918-824-4850
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**\*\*\*For additional information call HELPLINE 2-1-1\*\*\***



## What to Bring!

### **Personal Items:**

Comb, hairbrush, shampoo, conditioner, deodorant, hair-gel, toothbrush, toothpaste, electric razor, shaving cream, nail clippers, tweezers. All grooming items must be **NEW** and in the **ORIGINAL PACKAGING** with the safety seal still intact. **NO** aerosol spray allowed. **NO** glass containers or mirrors. **NO** items containing alcohol allowed (i.e. cologne, perfume, mouthwash, hair spray etc.). **NO** nail polish/nail polish remover. **NO** Q-tips. No razors (only electric). **NO** dental floss.

### **Suggested Clothing Items:**

Underwear (to be worn at all times, cannot be showing at any time)

Socks (no graphic content)

White crew neck undershirts

2 pairs of pants (jeans)

2 shirts

1 jacket

1 pair of athletic shoes

1 pair of "other" shoes (slides)

- Tulsa Boys' Home provides uniforms for all occasions. The above list is for "casual times."
- Tulsa Boys' Home does not allow clothing with any drug, alcohol, gang related or other offensive logos or images.

### **Other Optional Items:**

New pillow sealed in original packaging (TBH does provide pillows)

Personal Bible

Writing utensil – **no pens, highlighters, markers, etc.**

AA Big Book

Clock radio

Fan

Sheets, towel, blanket, and laundry basket

- **If able, please label all of your clothing by placing your full initials on each item with a permanent black marker.**
- **TBH reserves the right to send home or place into storage any clothing or other articles of personal property deemed inappropriate.**
- **No other items will be allowed upon admission. Other items may be allowed as the client progresses in the program and will be discussed and approved by their counselor at that time.**

**\*\* This is only a suggested list. Any necessary item that you are unable to bring, TBH will provide. \*\***