

# Northeast Texas Treatment Center

## Substance Abuse Treatment Facility



1300 S. F.M. 2089  
P.O. Box 580  
Overton, Texas 75684-0580  
Phone (903) 834-6102 Fax (903) 834-6107

### **Intake Package**

*Due to popular demand this intake packet is the smallest and simplest ever! Thanks for your support and please note that several forms have been revised. (Revised 11/19/10, please discard previous intake packets)*

## **RESIDENT INTAKE INSTRUCTIONS AND CHECKLIST**

1. Call **Jim Barr Intake Coordinator** to put your Probationer on waiting list.  
(903) 834-6102
2. Send the following paperwork for Admission consideration as soon as possible. Please be sure to send clear legible copies

- \_\_\_\_\_ **PSI, (Include Offense report)**
- \_\_\_\_\_ **Current CH with full rap sheet**  
(must be run after the first phone contact)
- \_\_\_\_\_ **Original Conditions of probation**
- \_\_\_\_\_ **Original Judgement**
- \_\_\_\_\_ **SASSI 2 or SASSI 3 or a comparable substance abuse  
assessment tool**
- \_\_\_\_\_ **Self-Assessment Referral Form**  
**(found in intake packet)**
- \_\_\_\_\_ **Risk & Needs**
- \_\_\_\_\_ **SCS Scored Form**

**(This checklist is for your benefit. There is no need to send the checklist to NTTC.)**

3. Send the following paperwork to complete intake packet. **(Mandatory upon Admission)**

- \_\_\_\_\_ **Transfer /Transmittal Form**
- \_\_\_\_\_ **Amended Conditions of Probation (MUST include the  
stipulations that are included in intake packet)**
- \_\_\_\_\_ **Statement of Responsibility in Medical Matters**  
**(found in intake packet)**
- \_\_\_\_\_ **Proof of Medicaid/Medicare, Indigent, or Private  
Insurance (if applicable according to statement of  
Responsibility, method of medical coverage)**
- \_\_\_\_\_ **Physical (Physical done within 10 days of admission)**
- \_\_\_\_\_ **TB (Mantoux- no more than 7 days old upon  
admit date)**
- \_\_\_\_\_ **Any discharge summaries from prior treatment or  
psychological reports**

November 19, 2010

Dear Community Supervision Officer,

In response to some of the great comments and suggestions from our referring CSCD's, the paperwork for the admission process has been shortened. We no longer require SCS scores as part of the intake paperwork, and several forms have been eliminated. We do however, need to ask for the offense report in connection with the Pre-Sentence Investigation; this is in accordance with CJAD Standards relating to courtesy supervision. We hope these changes will make the admission process easier for the supervision officer to send probationers to NTTC.

Please call me if you have any questions, or would like to place someone on our waiting list. We want to do our best to serve you and make the admission process go as smoothly as possible.

Please refer to the enclosed admission checklist in the packet for instructions about the admission process and any changes that may have occurred. Also notice there is a letter to the probationer that explains all about our facility, what will be expected of them, and an allowed items list that will be helpful about what may be brought into the facility. Please make sure the probationer understands that his/her stay at NTTC can range from approximately 9 months up to 24 months, and can expect the following services during their stay:

- Group & Individual Counseling
- Alcohol & Drug Abuse Education
- Recognizing Criminal Thinking & Behaviors
- Life Skill Classes
- Educational Classes (Literacy & GED)
- Physical Exercises
- Anger Management
- Relationship Classes
- Family Counseling & Education Weekends
- Experiential Programs (Horticulture & Ropes)
- Involvement in 12 Step Meetings (AA, NA)
- Spiritual Services (Optional)

The county may hold the person being referred to NTTC in jail for any period of time at the discretion of the county; however, NTTC requires that the person be in jail for seven days immediately prior to entering NTTC and be brought to NTTC directly from jail.

There are times when our waiting list for both males and females is very short, so give me a call and I will try and give you an estimate of the waiting time for admission. As always, we welcome you to come and see our facility, have lunch, or just see your probationer. Thanks for the referrals, and your support.

Jim Barr  
Intake Coordinator

November 19, 2010

Dear Probationer:

Northeast Texas Treatment Center is a Community Substance Abuse Felony Treatment Center. It is designed for Felony Probationers who have Drug/Alcohol and Criminality problems. Our goal is to provide a well-rounded treatment setting that will meet your specific needs. The services provided include:

- Group and Individual Counseling
- Alcohol and Drug Abuse Education
- Life Skill Classes
- Educational Classes (GED)
- Recognizing Criminal Thinking and Behaviors Education
- Family Counseling
- Experiential Therapy (Ropes & Horticulture)
- Spiritual Services Available
- Parenting Classes
- Nutrition Education
- Involvement in 12 Step Meetings (AA & NA)
- HIV & Hep C Education
- Anger Management

Northeast Texas Treatment Center is a program ranging from **9 months to 24 months**. The purpose of this long term treatment is to make sure you get the assistance you need in all areas of your life to give you the opportunity for a crime and addiction free lifestyle.

As a resident of our facility, we ask that you make a commitment to follow our rules and policies to the best of your ability. Our rules must be followed closely by all of our residents to enable all of us to be safe and enjoy a positive learning experience.

The first Monday after admission, you may be eligible to place a collect call to a significant other. You will begin an orientation process which will help you become adjusted to being in treatment. During your length of stay you will become eligible for more privileges as you progress in treatment.

During your stay in our facility, you will be required to perform a minimum of 160 hours of Community Service Restitution duties every ninety days. This will include in house chores, facility grounds keeping, and/or community improvement projects. You will be prescribed a family visitation approximately 8 to 11 weeks after admission following your family counseling session. Visitors must be approved by our Residential Supervision Officers. As your treatment progresses you will be prescribed furloughs with an approved guardian.

Northeast Texas Treatment Center is not a medical facility. Your medical expenses are your responsibility and arrangements will be needed to have your medical expenses taken care of while in our facility. We ask that you bring \$200.00 to be placed into a medical deposit account to cover any medical charges or prescription needs you may incur while in our facility. Any monies left will be refunded at the time of your discharge.

- If you have Private Health Insurance with Prescription benefits, we ask for a \$100.00 deposit for the over the counter medications and co-pays. If your Private Insurance does not allow for prescription benefits or pharmacy does not honor your benefits, we ask you to bring \$200.00 deposit for your medical account.
- If you have Medicaid, you will need a \$ 100.00 deposit for over the counter or prescriptions over the amount allowed by Medicaid.
- If you have Medicare, they do not pay for prescriptions, so you will need \$200.00 in your Medical account.
- If you have absolutely no money and no resources, any and all money you may receive will automatically be put toward the medical deposit. You will not be allowed money on your commissary account until the Medical deposit is met.

We do allow the use of cigarettes for those who are 18 and older. You will need to purchase all cigarettes from our vending machine, except for 2 unopened packs that you may bring upon admission. We do not allow cigars, dipping or chewing tobacco of any kind.

Please pay close attention to the "Allowable Personal Items" list that is enclosed. All necessities will be available to you for purchase, and we ask that you not bring your own toiletries, etc. into the facility. We ask that you bring a money order or cashier's check when you are admitted. Personal checks may not be approved and there will be a minimum 10 day hold on all personal checks if approved. If your family or friends want to send you medical or commissary money, they will need to send it in the form of a cashier's check or money order made out to you.

All probationers will be required to spend a minimum of seven days in jail just prior to admission to Northeast Texas Treatment Center. Please contact your Probation Officer if you have any questions or concerns.

We look forward to having you in our treatment facility and commend you on your commitment to make a positive step toward change.

Sincerely,

Northeast Texas Treatment Staff

## **CONDITIONS OF PROBATION**

As an alternative to imprisonment, the defendant shall submit himself or herself, when notified by his or her Adult Supervision Officer, for a term of no more than 24 months in the Northeast Texas Treatment Center (NTTC), a substance abuse treatment facility located at 1300 South FM 2089, Overton, Texas 75684.

While in the NTTC, the defendant shall participate in all programs, obey all rules and regulations, follow and successfully complete all recommended treatment programs and remain in the Center until discharged by the court upon the recommendation of the staff and his/her supervision officer.

While in the NTTC, the defendant shall submit to urine, breath, and saliva samples as requested to be used for the detection of alcohol and other drugs.

While in the NTTC, the defendant will participate in a minimum of 160 hours of Community Service Restitution every 90 days as assigned by the Center Staff.

When released from NTTC, the defendant shall for a period of one year attend and participate in the aftercare treatment programs approved by the Center's Staff and Supervision Officer, obey all the rules of the aftercare program, pay for all the costs of the program and remain in the program until discharged by the Director of the aftercare program or his/her designee and his/her Supervision Officer.

When the defendant is assigned a bed date, they must turn themselves in to the County Jail for a period specified by the CSCD Officer until transported to NTTC. The time may vary based on individual needs.

Northeast Texas Treatment Center  
1300 S. F.M. 2089 P.O. 580  
Overton, Texas 75684  
Phone (903) 834-6102 Fax (903) 834-6107

**PHYSICAL EVALUATION**

*(Physical must be done within ten days of admission)*

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_ Education \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Medical Provider conducting this Physical \_\_\_\_\_

Family Physician \_\_\_\_\_

Drug of Choice \_\_\_\_\_ Date of last Alcohol or Drug use \_\_\_\_\_

Mode of Use: \_\_\_\_\_ Smoke \_\_\_\_\_ Inject \_\_\_\_\_ Inhale \_\_\_\_\_ Eat \_\_\_\_\_ Drink \_\_\_\_\_

Amount of Alcohol/Drug Use: \_\_\_\_\_ Frequency of Alcohol/ Drug Use: \_\_\_\_\_

Any adverse reactions to drug: \_\_\_\_\_

1. Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

2. Recent Weight change: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

3. ALLERGIES: (Food, Meds, Etc.) Write in Red \_\_\_\_\_

4. Activity level: Ambulatory at full capacity \_\_\_\_\_ Handicap \_\_\_\_\_

Restrictions \_\_\_\_\_

5. Please indicate History (**Hx**) or current © problems with the following: \_\_\_\_\_

Heart Murmur \_\_\_\_\_ Back Strain/Problems \_\_\_\_\_ Hypertension \_\_\_\_\_ Diabetes \_\_\_\_\_

Heart Problems \_\_\_\_\_ Pacemaker \_\_\_\_\_ Artificial Limbs \_\_\_\_\_ Glaucoma \_\_\_\_\_

Bowel Problems \_\_\_\_\_ Hearing Deficiency \_\_\_\_\_ Hearing Aid \_\_\_\_\_

Difficulty Swallowing \_\_\_\_\_ Kidney Problem \_\_\_\_\_ Frequent Headaches \_\_\_\_\_

Resp. Difficulty \_\_\_\_\_ Seizures \_\_\_\_\_ Asthma \_\_\_\_\_ Gastric Disorders \_\_\_\_\_

Dentures / Dental \_\_\_\_\_

Hernia \_\_\_\_\_ Contact Lens/Glasses \_\_\_\_\_ Fainting Spells \_\_\_\_\_

Physical Detox \_\_\_\_\_ STD \_\_\_\_\_

6. Last Menstrual Cycle: \_\_\_\_\_

7. Diet Regular \_\_\_\_\_ Special \_\_\_\_\_

8. Surgeries (please list & date) \_\_\_\_\_

9. Hospitalizations: \_\_\_\_\_

10. Last Tetanus Immunization: \_\_\_\_\_

11. Hx of Hepatitis: Yes\_\_\_\_ No\_\_\_\_ Type \_\_\_\_ Hepatitis Immunization \_\_\_\_\_

12. Current Medications (Dosage, Frequency)\_\_\_\_\_

\_\_\_\_\_  
Last Dosage Taken on (Date & time)\_\_\_\_\_

13. Recent Fall or Injury\_\_\_\_\_

14. Condition of Skin (Scars, Bruises, Sores, Rashes)\_\_\_\_\_

15. History or current Mental Illness/Nerve Disorders (Depression, Panic) /Anxiety  
Attacks), Sleep Disorders, ADD or ADHD: Please describe:\_\_\_\_\_

\_\_\_\_\_  
Suicide Attempts: (Description & Date)\_\_\_\_\_

16. **Mandatory Mantoux 5TU - PPD Tuberculosis Test** ( Must be given within 7 days prior  
to admission into Northeast Texas Treatment Center: Given (date)\_\_\_\_\_

Read (date) \_\_\_\_\_ Positive \_\_\_\_\_ millimeters Negative \_\_\_\_\_ millimeters

**If T. B. Test is (+) Positive, Chest X-Ray Must be given:**

X-Ray results : A. No sign of Active \_\_\_\_\_

B. Positive \_\_\_\_\_

**T.B. Preventative Medication (6 month regimen)**

A. Hx of T.B. Med. Taken \_\_\_\_\_

B. T.B. Med. has not been taken \_\_\_\_\_

C. T. B. Med. will be started on : Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CREDENTIALLED HEALTH PROFESSIONAL**

I attest that the information given regarding medical history is true and no other information is withheld to the knowledge of the undersigned. I therefore authorize all information on this physical form to be released to Northeast Texas Treatment Center.

\_\_\_\_\_  
Probationer

\_\_\_\_\_  
Date

Physical Evaluation Pg. 2

Northeast Texas Treatment Center  
1300 S. F.M. 2089 P.O. 580  
Overton, Texas 75684  
Phone (903) 834-6102 Fax (903) 834-6107

## TUBERCULOSIS SCREENING QUESTIONNAIRE

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

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

TB Skin test (PPD) Date: \_\_\_\_\_

Last Chest X-Ray Date: \_\_\_\_\_

Please indicate if you are having any of the following problems for three to four weeks or longer.

- |   |     |       |    |       |
|---|-----|-------|----|-------|
| 1. Chronic Cough (greater than 3 weeks) | Yes | _____ | No | _____ |
| 2. Production of Sputum                 | Yes | _____ | No | _____ |
| 3. Blood-Streaked Sputum                | Yes | _____ | No | _____ |
| 4. Unexplained Weight Loss              | Yes | _____ | No | _____ |
| 5. Fever                                | Yes | _____ | No | _____ |
| 6. Fatigue/Tiredness                    | Yes | _____ | No | _____ |
| 7. Night Sweats                         | Yes | _____ | No | _____ |
| 8. Shortness of Breath                  | Yes | _____ | No | _____ |

### NO EVIDENCE OF PULMONARY TUBERCULOSIS OR CONTAGIUM

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

\_\_\_\_\_  
Agency Employee Signature

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

\_\_\_\_\_  
Licensed Health Care Provider

Northeast Texas Treatment Center  
P.O. Box 580  
Overton, Texas 75684  
Ofc. (903) 834-6102 Fax (903) 834-6107

**STATEMENT OF FINANCIAL RESPONSIBILITY IN MEDICAL MATTERS**  
**REVISED FORM EFFECTIVE DATE:2/21/08**  
**(This form must accompany the intake paperwork)**

**Please check one:**

- \_\_\_\_\_ I have Medicaid and have attached a copy of my card to this form. The approximate renewal date for my Medicaid is \_\_\_\_\_. I WILL BRING AND MAINTAIN \$100.00 FOR OVER THE COUNTER MEDICATION WHILE I AM IN THE TREATMENT FACILITY.
- \_\_\_\_\_ I am on indigent status with my county and have attached a copy of my papers to this form. The approximate renewal date for my indigent status is \_\_\_\_\_. I WILL BRING AND MAINTAIN \$100.00 FOR OVER THE COUNTER MEDICATION WHILE I AM IN THE TREATMENT FACILITY.
- \_\_\_\_\_ I have Medicare and have attached a copy of my card to this form. I WILL BRING AND MAINTAIN \$200.00 FOR PRESCRIPTION COSTS WHILE I AM IN THE TREATMENT FACILITY.
- \_\_\_\_\_ I have private insurance with a prescription card (attach copies to this form). I WILL BRING AND MAINTAIN \$100.00 FOR PRESCRIPTION CO-PAYS WHILE I AM IN THE TREATMENT FACILITY.
- \_\_\_\_\_ I have private insurance (attach copy to this form). I WILL BRING AND MAINTAIN \$200.00 TO COVER ANY PRESCRIPTION COSTS WHILE I AM IN THE TREATMENT FACILITY.
- \_\_\_\_\_ I have no medical coverage and understand that I need TO MAINTAIN \$200.00 IN MY medical account to cover any medical needs while in treatment. I also understand that in the event that I use the medical money during treatment, and the balance drops below approximately \$200.00, I will need to replenish that medical account to \$200.00. If I am unable to deposit \$200.00 in a medical account upon entry, I understand that money received after entry will be applied to my medical account and will not be available for commissary items until such time as the \$200.00 amount is reached. I also understand that any medical amount owed to NTTC upon my discharge shall become a condition of probation in order to recover those funds before my discharge from probation.

\*\*\*\*\*

**CHOOSE ONE OPTION**

- \_\_\_\_\_ #1. I, \_\_\_\_\_, understand that any and all medical expenses will be my sole responsibility while I am in treatment at Northeast Texas Treatment Center. This includes any medical expenses that exceed my coverage of Medicaid, Medicare, Indigent Care, Private Insurance, and/or the \$200.00 medical deposit.
- \_\_\_\_\_ #2. My parents or other responsible party agree to pay any medical costs which exceed my medical coverage Medicaid, Medicare, Indigent Care, Private Insurance, and/or \$200.00 medical deposit while in NTTC. It is understood the undersigned will be contacted when money is needed for medical expenses and may be billed directly by health care providers on my behalf.

I, We \_\_\_\_\_ agree to pay the medical expenses of  
Print Name

\_\_\_\_\_ while he/she is in NTTC.  
Print Probationer's Name

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
STREET ADDRESS (APT. NO.) CITY, STATE, & ZIP CODE PHONE NO.

\_\_\_\_\_  
Parent(s) or Responsible Party's Signature (Require if choosing option #2)

\_\_\_\_\_  
Probationer's Signature Date

\_\_\_\_\_  
Witness Date

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## Self Assessment Form

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**This form requires the probation officer and probationer to fill out and sign in conjoint effort.**

Social Security No. \_\_\_\_\_

( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ )  
Last Name First Name Middle Name

DOB: \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_  
M/F W/B

Probation Officer: \_\_\_\_\_ Phone# \_\_\_\_\_

County of Origin \_\_\_\_\_ Fax# \_\_\_\_\_

In Jail? \_\_\_\_\_ Date of Incarceration \_\_\_\_\_ Read & Write \_\_\_\_\_  
Y/N Y/N

Highest Grade \_\_\_\_\_ GED or HS Grad? \_\_\_\_\_ Mar. Status \_\_\_\_\_  
S/M/D/S

Drug of choice \_\_\_\_\_

Current Felony Offense \_\_\_\_\_

Sentence Date: \_\_\_\_\_ Speak English? \_\_\_\_\_

History of Assaults? Yes/No \_\_\_\_\_

Title V Conviction? Yes/No \_\_\_\_\_ Describe: \_\_\_\_\_

**Suicide History?** Describe: \_\_\_\_\_

**Psychiatric History?** Describe: \_\_\_\_\_

**Treatment History?** (Chemical Dependency) Yes/No \_\_\_\_\_

Describe: \_\_\_\_\_

Medical History? Describe \_\_\_\_\_

**Dental History?** Describe \_\_\_\_\_

**Current Medications** \_\_\_\_\_

Frequency/Dosage \_\_\_\_\_

Purpose \_\_\_\_\_

Physical Handicaps: Yes/No \_\_\_\_\_ Describe \_\_\_\_\_

**Assessment**

Page 2

Special Needs? Describe \_\_\_\_\_

Allergies: Describe (Include year allergy developed) \_\_\_\_\_

Military History \_\_\_\_\_

Current employment: \_\_\_\_\_

Family members who have drug/alcohol problems or mental illness:  
(Please describe) \_\_\_\_\_

**Drug Types:**

- |             |                      |                         |
|-------------|----------------------|-------------------------|
| 1. Crack    | 7. Hashish           | 13. Other Depressants   |
| 2. Cocaine  | 8. Opium             | 14. LSD                 |
| 3. Alcohol  | 9. Other Narcotics   | 15. PCP                 |
| 4. THC      | 10. Methamphetamine  | 16. Other Hallucinogens |
| 5. Heroin   | 11. Other stimulants | 17. Inhalants           |
| 6. Morphine | 12. Barbiturates     | 18. Other Drugs         |

Please list type of drugs/alcohol used in order of **priority**.

1.) Drug: \_\_\_\_\_ Age of First Use \_\_\_\_\_

Date Last Used: \_\_\_\_\_ Amount Used Daily \_\_\_\_\_

Method of Use: Smoke Inject Inhale Eat Drink

2.) Drug: \_\_\_\_\_ Age of First Use \_\_\_\_\_

Date Last Used: \_\_\_\_\_ Amount Used Daily \_\_\_\_\_

Method of Use: Smoke Inject Inhale Eat Drink

3.) Drug: \_\_\_\_\_ Age of First Use \_\_\_\_\_

Date Last Used: \_\_\_\_\_ Amount Used Daily \_\_\_\_\_

Method of Use: Smoke Inject Inhale Eat Drink

Longest period of sobriety - (From all Substances) \_\_\_\_\_

Briefly describe the reason you are seeking treatment:\_\_\_\_\_

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Any additional information to benefit assessment process\_\_\_\_\_

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Will you agree to pay close attention to following our rules and regulations after you are admitted into our program?\_\_\_\_\_

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How would you benefit from treatment at Northeast Texas Treatment Center?\_\_\_\_\_

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I Understand that I must disclose on this form any significant health or emotional problems that could interfere with my substance abuse treatment at the Northeast Texas Treatment Center. ***I have been informed that the Treatment Center does not provide dental care and cannot give treatment for unusual or complicated medical problems.*** I further understand that withholding or giving false information could result in being discharged from Northeast Texas Treatment Center.

\_\_\_\_\_  
Probationer                      Date

\_\_\_\_\_  
Witness                                      Date

**This list is strictly enforced.**

11/19/10

No suitcases will be stored at NTTC as we do not have the space.

**ALLOWABLE PERSONAL ITEMS**

**SECTION 1**

**ITEMS LISTED IN THIS SECTION MAY BE BROUGHT TO NTTC:**

- |   |  |
|---|--|
| 14 - Shirts includes 7 T-shirts   | 2 - Dresses or Skirts                        |
| 7 - Pants/Slacks, not tight   | 4 - Gowns or PJ's                            |
| 2 - Pairs of wind suit or sweat pants   | 1 - Robe                                     |
| 2 - Pairs of Shorts, 2 inches above the knee                                    | 7 - Pairs of Socks                           |
| 7 - Pairs of Underwear(plus two pair of thermal underwear)                      | 2 - Pairs of Hose                            |
| 7 - Bras (women)  | 2 - Slips                                    |
| 3 - Pairs of Shoes (at least 1 pair work shoes/no open toed sandals)            | 2 - Belts (1 dress, 1 casual)                |
| 2 - Coats (1 light, 1 heavy)      2 - <i>Pair of Gloves (work &amp; casual)</i> | 1 - Watch                                    |
| 2 - Cap or Hat (one for working & one everyday)                                 | 1 - Ring or Wedding Band Set                 |
| 1 - Pair of House Shoes   | 1 - Pair of Sunshades                        |
| 1 - Pair of Shower Shoes  | 1 - Pair of Nail Clippers                    |
| 3 - Hair Devices (combs, clips, rubber bands, etc.)                             | 1 - Package Ear Plugs                        |
| Notebook Paper Wide rule - white - in package                                   | 1 - New Standard Size Pillow                 |
| Writing paper (White Only)  | Bible or Other Religious Book                |
| Sketch Pad <b>8X 10</b>   | Prescription glasses/contacts(with solution) |
| Envelopes ( <b>White Only</b> )   | Prescription medications ( <b>Current</b> )  |
| Stamps  | Personal Pictures, Cards, Letters            |

\$10.00 Cash on person, only if **medical deposit is fulfilled** and **cost of hygiene packet at \$10.30 for males and \$8.15 for females is paid. Any items from intake list brought in will be deducted from cost of intake packet.**

**THE FOLLOWING ITEMS MAY BE BROUGHT INTO THE CENTER BUT MUST BE SEALED AS PURCHASED FROM THE STORE. : Alcohol must not be the first ingredient.**

- |                           |   |   |
|---------------------------|---|---|
| 1 - Lipstick              | 1 - Toothbrush                              | 2 - Toothpaste  |
| 1 - Mascara               | 1 - Comb and Brush                          | 2 - Dental Floss  |
| 1 - Eyeliner & Eye Shadow | 1 - Hair Pick                               | 1 - Foot Powder   |
| 1 - Blush                 | 1 - Pack Emery Boards                       | 2 - Shampoo   |
| 2 - Pack Q-Tips           | 1 - Baby Powder                             | 2 - Conditioner   |
| 2 - Cotton Balls          | 1 - Soap Box                                | 2 - Hair Gel  |
| 1 - Base Make-up          | 4 - Bars of Soap                            | 1 - Pump Style Hair Spray or Spritz                       |
| 1 - Compact               | 2 - <i>Unscented non-aerosol Deodorant</i>  | 2 - <i>Unscented Moisturizer or Lotion</i>                |
| 1 - Chapstick             | 2 - Biodegradable Tampons/Napkins           | 2 - Unopened packages of Cigarettes( <b>INTAKE ONLY</b> ) |
| 1 - Stain Stick Only      | 1 - <i>Hair Dryer**</i>                     | 1 - Shower Cap  |
| <b>1 - Hair Clipper**</b> | <b>1 - Electric or Rechargeable Razor**</b> | <b>1 - Electric beard/moustache trimmer**</b>             |
| (No battery operated)     | (No battery operated)                       | (No battery operated)                                     |

**SECTION 2**

**NTTC WILL PROVIDE THESE ESSENTIALS AT A COST OF \$10.30 FOR MALES AND \$8.15 FOR FEMALES**

- |                |                              |                        |
|----------------|------------------------------|------------------------|
| 5 - Folders    | 1 - Shampoo                  | 1 - Razor (disposable) |
| 1 - Toothbrush | 1 - Deodorant                | 1 - Bath Soap          |
| 1 - Toothpaste | 1 - Shaving Cream - Men Only | 1 - Notebook Paper     |

**ALL ESSENTIAL HYGIENE PRODUCTS AVAILABLE FOR PURCHASE THROUGH COMMISSARY.**

**THE FOLLOWING WILL BE PROVIDED:**

- |         |                   |
|---------|-------------------|
| 1 - Pen | Laundry Detergent |
|---------|-------------------|

**SECTION 3**

**DO NOT BRING ANY ITEMS NOT LISTED IN SECTION 1 WITH YOU TO NTTC. YOU MAY PURCHASE ADDITIONAL ITEMS FROM OUR COMMISSARY (Items on this list may vary):**

**\*\*\* All products or brand name items brought in must be sealed by manufacturer  
NO USED OR OPENED ITEMS**

**Over-the-Counter Medications** (unless resident provides us with written prescription from a doctor)  
**Available for use while at NTTC**  
Iron, Curling Iron, and Hair Dryer

**The provisions of Texas Penal Code, Section 38.114 states that any resident found to possess any item not provided by, or authorized by the facility, or any item authorized or provided by the facility that has been altered to accommodate a use other than the originally intended use, may be charged with a Class C misdemeanor.**

## **Texas Penal Code, Section 38.114**

### **Contraband in Correctional Facility**

**(a) A person commits an offense if the person:**

- (1) provides contraband to an inmate of a correctional facility;**
- (2) otherwise introduces contraband into a correctional facility;**
- (3) possesses contraband while confined in a correctional facility.**

**(b) In this section, “contraband”:**

- (1) means:**
  - (A) any item not provided or authorized by the operator of the correctional facility; or**
  - (B) any item provided by or authorized by the operator of the correctional facility that has been altered to accommodate a use other than the originally intended use; and**
- (2) does not include any item specifically prohibited under Section 38.11.**

**© An offense under this section is a Class C misdemeanor, unless the offense is committed by an employee or a volunteer of the correctional facility, in which event the offense is a Class B misdemeanor.**