



Mailing Address:

PO Box 520
Española, New Mexico 87532
Phone: 505-852-2580
Fax: 505-852-1827

Admission to Hoy Recovery Program

Hoy Recovery Program, established in 1974, is a substance abuse treatment program that provides a variety of services, foremost to the residents of Rio Arriba county but also throughout New Mexico. The primary mission of Hoy Recovery Program is the enhancement and strengthening of individuals, families and the community as a whole, by providing culturally relevant substance abuse services in a safe and friendly environment.

To start the process, contact the Admissions Coordinator, at 505-852-6708 to complete a pre-initial screening. If an individual is incarcerated a Judgment and Sentence (J&S) is required and can be faxed to the admissions department at 1-505-852-1827.

Services We Offer

Our residential treatment center, located in Velarde, New Mexico, is a 24-hour intervention environment for adults who require individualized treatment in a structured setting. We offer multidisciplinary treatment including individual counseling, group counseling, family counseling, individual treatment plans, access to vocational/rehabilitative services, peer support group meetings, assistance in re-integrating into the community, and referral to outpatient services upon completion. Along with this, we offer structured social activities, art activities, on a farm setting with an agricultural program. The residential stay is from 30-90 days pending funding approval.

Admission Requirements:

\$150.00 intake fee must be paid by cash or money order on day of admittance. (This fee is non-refundable regardless of length of time in the program)

Current driver's license or photo ID (we cannot admit you without a photo ID)



Prescribed medication must have current months' supply and refills available. Please see list of medications not allowed on our Medical Clearance. You must arrange with your Physician for refills to be made at the local Espanola, NM pharmacies if you will be here longer than 30 days. If a medication you are taking is listed on your Medical Clearance and you do not have this at time of admission you will not be admitted.

Over the Counter Medications: Clients must bring in their own Over the Counter Medications and these must be approved by the Medical Professional filling out the medical clearance form. If you bring in Over the Counter medications which are not approved by the Medical Professional filling out the medical clearance you may not take these at the residential center. Over the Counter Medications which cause drowsiness or that contain alcohol are not allowed.

Copy of Medical Clearance and TB test results; Medical Clearance must be filled out on Hoy's Medical Clearance form and signed by both you and your Medical Professional. This form must be dated within 5 days of admission. You will not be admitted without a current Hoy Recovery Medical Clearance form. TB test results must be negative and up to date (TB test results must be within the 6 months); Hepatitis C and HIV testing is not required. If the Medical Clearance is incomplete, or is not completed on the HOY Medical Clearance form it may delay your admission.

Outside Appointments: Please complete or reschedule any non-emergency appointments, medical/dental, business, court, hearings prior to entering our program. We want you focused on your recovery while here at Hoy.

Admission Time: Admissions to the program are Monday through Tuesday by 11am, unless prior arrangements have been made with the Admissions Coordinator. The Admissions Coordinator will give you an arrival date and time. Please stay in touch with the Admissions Coordinator keep them informed of any issues that may interfere with your scheduled admission in order for you to keep your admission status.

Additional Information

A urine analysis (UA), breathalyzer (BA) and metal detector will be utilized as screening tools at the time of admission. You will be required to provide a urine sample within one hour of your arrival time. Inability to provide a UA can result in forfeiting the bed.



If you have allergic reactions to foods and environmental contaminants, please bring medications and or your epi-pen. (Please inform the Admissions Coordinator if you have allergies of any kind).

Please, make your transportation aware that they will need to stay until the results of your UA and BA have been read and you have been approved for admission.

All phone calls especially in the first 30 days will be made with your assigned counselor or their designee.

Transportation is not provided to or from our facility. Please make transportation arrangements for your arrival and departure. You may not drive a vehicle of transportation and park it here during your stay.

If you have any questions or concerns regarding your admission, please feel free to call the Admissions Coordinator, Monday through Friday, 8:30-5:00 at 505-852-6708

Hoy Recovery provides Outpatient Services in Espanola, N.M., that offer several programs and services. Hoy Recovery Outpatient can be reached at 505-753-2203.

Items Allowed	Items Not Allowed
2 towels, wash cloth and soap	Perfume/cologne/body spray
Shampoo/Conditioner/Toothbrush/Toothpaste	Knives/weapons
Disposable razors	Hair Scissors & Clippers or electric razors
Nail Clippers/Deodorant/Comb/Brush	Computer, video camera, electronic devices (phone) that connect to internet
Hair products must be alcohol free	Bleach
Insurance cards	Any clothing with drug/alcohol/or sexual references, gang logos etc.



Allowed	Not Allowed
Stamps and envelopes, 1-2 Notebooks 3 Pens and/or pencils	Pornography and/or nearly nude pictures
Laundry soap labeled "HE" or Environmentally Friendly	Bedding (we will provide)
Spending money (you may have \$20 on your person)	E-cigarettes or vapes
Outside shoes/boots and inside shoes/shower slippers Books AM/FM radio allowed but cannot have alarm or cassette/cd or connect to internet	

Clothing: Please bring enough clothes for 5 days. 1 jacket, 2-sweatshirts, or sweater (even in the summer, desert summer nights can be cool) 1-2 pair Sweat pants, Hangers, Shirts and Socks, Flip flops or shower shoes, Robe, Underwear, Pajamas/sleepwear 1 pair walking shoes/tennis shoes, Jeans and/or slacks (total of 5), Cigarettes (must be unopened) including chewing tobacco. Your family may send you unopened cigarettes or chewing tobacco while here.

****We do not purchase tobacco products for clients. Snacks are not allowed when you are admitted.**



Directions to Hoy Recovery



Physical Address

NM State Road 68
Rio Arriba County Road 49
Private Drive 1098
Velarde, NM 87582

From Espanola:

- ❖ North on Riverside Drive, towards Taos -Highway 68
- ❖ Continue Past the Ohkay Casino towards Velarde
- ❖ Turn left at Mile Marker 11, CR-49
- ❖ Follow- road to stop sign
- ❖ Turn right and you will take the first left (you will see facility sign)

From Taos:

- ❖ South on Paseo Del Pueblo Norte, towards Espanola Highway 68- CR-49
- ❖ Follow CR-49 to stop sign
- ❖ Turn right and you will take the first left (you will see facility sign)



Hoy Recovery Program Inc.

Residential Treatment Medical Clearance

Please fill out Pages 1 and 2 of the Medical Clearance **and fax to our office when complete.** Fax: 505-852-1827. Consumers **will not be admitted without a Medical Clearance that is dated within 14 days of arrival!** If there are questions or concerns, please feel free to call the Admissions Coordinator at 505-852-6708.

Please fill out the entire Medical Clearance form and sign along with the attending physician signatures, and PPD results listed. Testing for Hepatitis C or HIV is **not** a requirement for admission. **All known allergies must be listed especially food allergies.** If client has allergies that are potentially life threatening, please bring EpiPen or medications that can treat an allergic reaction. All prescribed medication must be non-narcotic.

Date of Exam: _____

Name: _____ DOB: _____ Age: _____ SSN: _____

Physical : HR _____ BP _____ Height _____ Weight _____ TEMP _____ O2 Level _____

Any open sores/wounds/abscess? Describe and add treatment plan:

Screen for MRSA/Other Rash or contagious disease and add treatment plan: _____

Known medical problems: _____

Special Diet: _____ Allergies: _____

General Appearance: _____

Neurological: _____

Pertinent medical history: _____

Date of most recent PPD: __/__/__ Results: Negative ☐ Positive ☐

Hepatitis C Test Results (not required) : Negative : ☐ Positive: ☐ Unknown: ☐

Is client pregnant? Yes ☐ No ☐ Gestation: _____ weeks _____

*** **Current Medications and OTC's:** Any medications and OTC's listed on this form **MUST** be filled /purchased and brought to facility at the time of admission. If consumer does not have **maintenance medications** in a refillable form at the time of intake they will not be admitted. **Please review the list of medications not allowed into the facility.** **If any of these medications are written on the medication log below the consumer will not be admitted.**

Medication Name	Dose	Times Daily	Purpose	Prescribing Physician	PCP Name/Number (if known)



Please list all Over the Counter Medications (OTC's) that are approved for this Client to take: (Client Must Purchase their own OTC's).

Name of OTC	Dose	X Daily	Purpose	Physician Initials

- This client is medically/physically stable to participate in the residential treatment without restrictions.

Yes ☐ No ☐

Provider Printed Name/Credentials: _____ Date: _____

Provider Signature: X _____

Telephone Number: _____ Fax # _____

- I agree to release this information to Hoy Recovery Inc. Yes ☐ No ☐

Client Printed Name: _____ Date: _____

Client Signature: X _____

Medications which are not allowed at Hoy Recovery;

Perphezazine (Fentaxin), Percyazine (Neulactil), Diazepam (Valium), Lorazepam (Ativan), Oxazepam (Serenid-d), Chlordiazepoxide (Librium), Medazepam (Nobrium), Alprazolam (Xanax), Clonazepam (Klonopin Rivotril), Bromazepam (Lexotan), Clobazam (Frisium), Clorazepate (Tranxene), Temazepam (Normison), Nitrazepam (Mogadon), Flunitrazepam (Rohypnol), Loprazolam (Dormonox), Zolpidem (Ambien), Diamorphine (Heroin), Pethidine (Parmergan P100), Demerol, Buprenorphine (Temgesic), Dextromoramide (Palfium), Dihydrocodeine (DF 188's, DHC Continus), Methadone (Physeptone), Pentazocine (Fortral), Codeine, Tramadol, Hydrocodone (Lorcex, Lortab, Norel), Oxycodone (Percocet, Peroden, Oxycontin), Pentanyl (Duragesic) Stimulants/ Amphetamine / Dextroamphetamine (Ritalin, Vyvanse, Adderall etc.) **2021**