-What to Bring for your stay with RCM-

(We do have a Donations closet if you are not able to provide the following for yourself)		
Clothing	Activity Materials (Optional)	Health/Hygiene
7 Pairs of Bottoms	Sketch Book	All Hygiene and Materials must be UNOPENED
7 Tops	Note Book	Shampoo/Conditioner
Bras, Underwear, Socks	Coloring Book	Deodorant/Body Wash
3 Sweaters/Hoodies	Diamond Art Supplies	Razer
3 Pairs of Shoes/Boots	Painting Supplies	Toothbrush and Toothpaste
1 Pair of Slippers	Color Pencils/Crayons	Unopened Cigarettes
2 Coats	(Non Alcohol) Markers	Unopened Vapes
Swimming Attire	Crosswords/Word Searches	Snacks
	Beading/Crochet Supplies	
Please Bring Seasonal Clothing	These are just examples of Activities Some Supplies are at the Facility :)	*We do Supply Hygiene if Needed*

PROHIBITED ITEMS

*Aerosol Cans *Nail Polish/Remover

*Can Shave Gel/Foam *Shakeable Markers *Energy Drinks

*Perfume *Mouthwash

What about my medications? If you have prescription medications that you will need during your stay with us, please have that prescription filled (**for 2 months if possible**) prior to your arrival. Your prescription medications will be stored in a secured area and dispensed as prescribed.

What if I am a smoker? We go to purchase vapes & tobacco items once a week. Clients must have their own cash or cards. We do provide loose tobacco with tubes & clients must be of legal age. RCM will not contribute to any minors

Can my family/friends come visit? Visits with family or friend(s) are not permitted during your stay at RCM. You may speak to your treatment team in case of emergency situations! We can also help coordinate zoom or facetime calls for you and your loved ones.

- 1. Wallets and keys will be stored with a label in a secured area.
- 2. Phones are not permitted on campus so leave your cell phone with a trusted family member or friend. If not it will be placed in a lock box until you leave the Facility.
- 3. Please bring cash if you have any or a debit card (will have to share a pin).
- 4. Please bring your Medicaid/Insurance card if you have one.
- 5. Please write down important numbers in a notebook!!