



Council Work Session

Tuesday, May 9, 2023 at 6:30 pm

Riverton City Hall Council Chambers

816 N Federal Blvd.

Riverton, WY 82501

- 1) Call to order.
- 2) Pledge of Allegiance.
- 3) Invocation.
- 4) Roll call: Mayor Tim Hancock
Ward I: Kyle Larson, Dean Peranteaux
Ward II: Karla Borders, Kristy K. Salisbury
Ward III: Mike Bailey, Lindsey Cox
- 5) Declaration of quorum.
- 6) Approval of the Agenda.
- 7) Delta-8, Kratom, & Vaping Discussion.
- 8) Fiscal Year 2024 Contracts for Services Discussion.
- 9) Adjourn.

CITY COUNCIL STAFF REPORT

TO: His Honor the Mayor and Members of the City Council

FROM: Kyle J. Butterfield, City Administrator 

DATE: May 9, 2023

SUBJECT: Discussion of Vaping, Delta-8, and Other Products

Recommendation: The City Council discusses Delta-8, vaping, and other products.

Background: Principal John Griffith attended the March 21, 2023 business meeting of the city council to provide information about the impact of vaping, e-cigarettes, Delta-8 products, and other substances on youth attending Riverton High School. Specifically, he reported:

“The rate of vaping and e-cigarette use on K-12 campuses has skyrocketed over the past few years, resulting in many student hospitalizations and overdoses on nicotine, THC oil, crystal methamphetamines, opioids, and other drugs. The use of e-cigarettes has also resulted in the dramatic increase in marijuana use by students. According to Michael Dorn, Guy Grace, and Phuong Nguyen of Safe Havens International, the problem is overwhelming secondary schools, resulting in massive amounts of staff time and other resources dedicated to prevention and mitigation.”

In discussing concerning trends, Principal Griffith informed the council that individuals are actively seeking substances that will not show up in urinalysis. He further communicated that many vape cartridges are refillable and that youth are mixing various forms of liquid substances in their devices. Self-mixing, or using whatever is on hand, is concerning. Especially if a user does not understand the ingredients they are using/mixing or when they receive a pod from an individual and cannot verify the contents within the device.

While there are several restricted substances affecting students and youth, the following materials are relevant to this report:

- Cannabis Sativa Plant (marijuana, hemp, etc)
 - **Tetrahydrocannabinol (THC)** is the major psychoactive component and one of the 113 cannabinoids recognized in the cannabis sativa plant. While the plant contains significant amounts of delta-9 THC, it contains very little delta-8 THC, a minor cannabinoid. Depending on quality, quantity, and other factors, both delta-8 THC and delta-9 THC can produce intoxicatingly psychoactive effects, or a high. In spite of their similarities, delta-8 THC and delta-9 THC have important differences that should be understood.
 - **Cannabidiol (CBD)**, is the second most prevalent active ingredient found in cannabis sativa. CBD is derived directly from the hemp plant or manufactured in a laboratory. CBD does not cause impairment by itself, or create a high on its own. Hemp is defined as any part of the cannabis sativa plant with no more than 0.3% of THC. Scientists are

still learning how CBD affects the body. However, the U.S. Food and Drug Administration (FDA) approved Epidiolex, a medicine that contains purified CBD from hemp, to help treat rare seizure disorders. The FDA has concluded that this drug is safe and effective for this intended use. Other marketed products and uses of CBD may not be FDA approved. CBD comes in many forms, including oils, extracts, capsules, patches, vapes, and topical preparations for use on skin.

- **Delta-9 THC** is the major naturally-occurring intoxicating component of the cannabis sativa plant. When someone smokes or consumes delta-9 THC beyond a certain threshold, they typically experience a high. In states where delta-9 THC is legal, cannabis dispensaries offer delta-9 THC products in many forms, including gummies, cookies, candies, infused beverages, tinctures, vaping cartridges, topical lotions and pre-rolled joints. Some manufacturers market delta-9 THC products as able to treat or mitigate symptoms of certain medical conditions or diseases. However, the FDA has approved only two synthetic THC formulations—dronabinol and nabilone, which are used to alleviate chemotherapy-induced nausea and vomiting. Nabilone is also used to increase appetite in patients with AIDS. Delta-9 THC can be smoked or vaporized in flower (bud) form without requiring extraction, although edibles, topicals and other preparations do require an extraction process.
- **Delta-8 THC** is a naturally occurring cannabinoid in the cannabis sativa plant. Because cannabis sativa contains only a small amount of delta-8 THC, it is typically manufactured in concentrated amounts from hemp-derived CBD for consumption. In brief, nearly all delta-8 THC products are synthesized. While CBD does not have intoxicating effects, delta-8 THC has similar psychoactive properties to delta-9 THC, although it is generally less potent than delta-9. Delta-8 THC products are available in many forms, including gummies, chocolate and other candies, cookies, tinctures, vaping cartridges, infused drinks and even breakfast cereal. Some manufacturers market delta-8 THC products as treatments or cures for medical conditions; however, the FDA has neither evaluated nor approved these claims. In fact, in May 2022, the FDA issued warning letters to five manufacturers of delta-8 THC products for violating the Federal Food, Drug, and Cosmetic Act. The Centers for Disease Control (CDC) released a Health Alert Network (HAN) Health Advisory in 2021 to inform consumers that CBD can be synthetically converted into delta-8 THC, which is psychoactive and not well understood. This alert warns consumers about the potential for adverse events due to insufficient labeling of products containing THC and CBD. The following link provides information on delta-8: <https://www.pbs.org/wgbh/nova/video/delta-8-legal-cannabis/>

- **Kratom**

- **Kratom** is a tropical tree native to Southeast Asia and is a member of the Rubiaceae family. Kratom leaves contain two major psychoactive ingredients: Mitagynine and 7-hydroxymytargynine. Leaves from the Kratom tree can be crushed and smoked, chewed, brewed in tea, or placed in gel capsules. Kratom is described as having three strains and each is reported to target the following:
 - White strain – Helps with blood sugar or provides energy
 - Red strain – Energy or relaxation
 - Green strain – Pain relief and rest or focus

Consumption of kratom in low doses can cause stimulant effects, such as alertness, physical energy, and talkativeness. Consumption in high doses can lead to psychotic symptoms, and psychological and physiological dependence. Psychotic symptoms can include hallucinations, delusion, and confusion. Kratom is not controlled under the Controlled Substance Act. However, it is listed as a drug and chemical of concern by the FDA. People report using kratom to manage drug withdrawal symptoms and cravings (especially related to opioid use), pain, fatigue and mental health problems. Some states have classified kratom as a Schedule 1 substance or as a banned substance.

Discussion: Following the aforementioned presentation by Principal Griffith, the city council directed staff to learn more on the above referenced substances. It also scheduled a work session to discuss their impact on the community and youth.

Local, state, and federal laws indirectly influence or directly govern the sale, possession, and use of the above referenced substances. When it comes to nicotine and tobacco related products, President Trump signed legislation amending the Federal Food, Drug, and Cosmetic Act to raise the federal minimum age for the sale of tobacco products from 18 to 21 years. This legislation, known as “Tobacco 21” or “T21,” makes it illegal for a retailer to sell any tobacco product—including cigarettes, cigars, and e-cigarettes—to anyone under 21.

Wyoming Statute § 14-3-302 mirrors federal T21 legislation and states that “no individual shall sell, offer for sale, give away or deliver nicotine products to any person under the age of twenty-one (21) years.” Fines for violating this statute begin at \$250 and escalate to \$500 and \$750 for subsequent offenses. Wyoming Statute § 14-3-304 and § 14-3-305 make it illegal to purchase or possess nicotine products—including electronic cigarettes and vapor material—for individuals under the age of 21. Any person violating these statutes “is guilty of a misdemeanor punishable by a fine of twenty-five dollars (\$25.00).” The court may allow violators to perform community service or attend a tobacco or nicotine cessation program and be granted credit against their fine and court costs at the rate of ten dollars (\$10.00) for each hour of work performed or each hour of tobacco or nicotine cessation program attended.

Riverton Municipal Code is in conflict with the above referenced federal and state laws. Specifically, it has not been updated since the age limit was increased from 18 to 21 for the purchase or possession of tobacco products. The existing code is included below.

9.16.030 Purchase, use or possession of tobacco by minors prohibited.

A. No person under the age of eighteen (18) years shall:

- 1. Purchase tobacco products;*
- 2. Misrepresent his or her identity or age, or use any false or altered identification for the purpose of purchasing tobacco products; or*
- 3. Possess or use any tobacco product or “vaping” device that involves inhaling vapors or fumes, regardless of the substance being inhaled.*

B. Any person who violates any provision of subsection A of this section is guilty of a misdemeanor, and shall be subject to RMC 1.20 “General Penalty.” Any person charged with a violation of subsection A must appear in court with a parent or legal guardian.

C. It is an affirmative defense to a prosecution for a violation of subsection (A)(3) of this section, that the person possessed or used the tobacco product in the home of, or under the direct supervision of, his or her parent or guardian.

D. For the purpose of this section, “tobacco products” means any substance containing tobacco leaf or nicotine, regardless of origin, including without limitation, cigarettes, cigars, pipe tobacco, snuff, chewing tobacco or dipping tobacco. Vaping devices, including electronic cigarettes, regardless of the substance intended for inhalation, are included as violations of this section. (Ord. 16-001 § 1, 2016; prior code § 16-106)

Staff recommends the city council update the above listed ordinance to align with federal and state laws. It may also be advisable to reexamine fines and penalties associated with the underage use of tobacco products. The City of Sheridan recently did so as it responded to youth adversely impacted by vaping and other products. Specifically, the Sheridan city council passed an ordinance with escalating fines for persons with multiple offenses. A copy of the ordinance is included as an attachment to this report.

The legality of substances related to the cannabis sativa plant is complex and laws regarding the production, sale, and use of delta-8 THC and delta-9 THC are continually evolving. As such, it is important to start with the federal Controlled Substances Act (CSA; 21 U.S.C. §801 et seq.), which places drugs, substances, and certain chemicals regulated under existing federal law into one of five schedules. This placement is based upon the substance’s medical use and safety or dependence liability. The abuse rate is another determinate factor in the scheduling of drugs; for example, Schedule I drugs have a high potential for abuse and the potential to create severe psychological and/or physical dependence. As the drug schedule changes-- Schedule II, Schedule III, etc., so does the abuse potential-- Schedule V drugs represents the least potential for abuse.

Marijuana, or delta-9 THC, is a Schedule I controlled substance under CSA and is regulated by federal authority. Due to its status as a Schedule I controlled substance, federal law prohibits the manufacture, distribution, dispensation, and possession of marijuana. That being said, over the last several decades, states and territories have deviated from a comprehensive prohibition of marijuana and have laws and policies allowing for some cultivation, sale, distribution, and possession of marijuana.

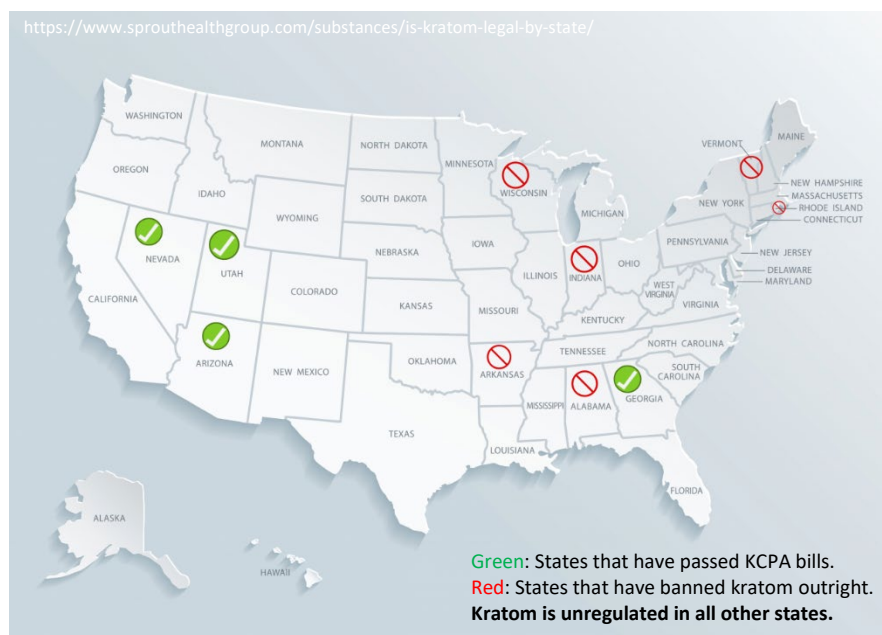
Wyoming Statute § 35-7-1014 also includes marijuana as a Schedule I substance and Wyoming Statute § 35-7-1031 says that it is unlawful for any person knowingly or intentionally to possess a controlled substance. Whoever does so is guilty of a misdemeanor punishable by imprisonment for not more than twelve (12) months, a fine of not more than one thousand dollars (\$1,000.00), or both. Any person convicted for a third or subsequent offense under this paragraph, including convictions for violations of similar laws in other jurisdictions, shall be imprisoned for a term not more than five (5) years, fined not more than five thousand dollars (\$5,000.00), or both.

Riverton Municipal Code 9.08.240 states “it is unlawful for any person within the city limits of Riverton to possess or use marijuana, its derivatives, or synthetic equivalents.” It further says that a violation of the ordinance is punishable by imprisonment for not more than six months, a fine of not more than seven hundred fifty dollars (\$750.00), or both.

The Agriculture Improvement Act of 2018 (2018 Farm Bill) changed the way hemp and CBD are treated under federal and state law. In brief, the bill removed all hemp-derived products from the schedules of controlled substances outlined in CSA. This made CBD legal so long as it is derived from hemp, but not if it is derived from cannabis (marijuana) – even though it is the exact same molecule. Title 11, Chapter 51 of the Wyoming Statutes addresses the legality of hemp production in the state. As reported by Harvard Health Publishing, “The Farm Bill made hemp legal in the United States, making it virtually impossible to keep CBD illegal – that would be like making oranges legal, but keeping orange juice illegal.”

By removing hemp and CBD from the list of controlled substances, delta-8 THC products are considered legal at the federal level. Since delta-8 THC products are synthesized from concentrated levels of CBD, they remain in a proverbial grey-area as an uncontrolled substance. That being said, fourteen states have taken action to control delta-8 THC products. The FDA has stated it is aware of the growing concerns surrounding delta-8 THC products currently being sold online and in stores. Some of the concerns include variability in product formulations and product labeling, other cannabinoid and terpene content, and variable delta-8 THC concentrations.

Kratom is not controlled under the CSA and the FDA has not approved Kratom for any medical use. In addition, the DEA has listed kratom as a Drug and Chemical of Concern. Advocates of kratom are lobbying the Kratom Consumer Protection Act (KCPA) in states across the nation. KCPA intends to protect the legality of kratom in a particular state while allowing regulators to set requirements for the substance. Four states have passed KCPA to protect consumers against unregulated products, which might include synthetic kratom, fentanyl, or other dangerous ingredients.



The city’s attorney believes the Wyoming Legislature is the appropriate governing body to address delta-8 THC or kratom products. The city may choose to work with its representatives to regulate products impacting the community and youth in the school districts. To that end, the legislature has made recent efforts to address the uncontrolled and controlled substances referenced above. These efforts have been varied in both topic and result. For example:

- 2023 - HB0137 proposed to restrict the sale of CBD to minors under the age of 21.
- 2022 - HB0106 even strived to decriminalize cannabis in the State of Wyoming.
- 2021 - SF0090 attempted to prohibit the sale of smokable hemp to youth under 21.

The council may, as part of its work session discussion, find common ground or vision to address the above outlined substances and respond to concerns brought forward by Principal Griffith. It may also seek further information from community stakeholders associated with controlled and non-controlled substances.

Budget Impact: None.

ORDINANCE NO.

2258

AN ORDINANCE ADOPTING PROVISIONS IN CHAPTER 19 WHICH PROHIBITS THE POSSESSION OR USE OF TOBACCO PRODUCTS, ALTERNATIVE NICOTINE PRODUCTS OR ELECTRONIC CIGARETTES BY MINORS AND AMENDING CHAPTER 9-1 SPECIFICALLY:

WHEREAS, Wyoming Statute § 14-3-205(b) prohibits any person under the age of 21 from possessing or using nicotine products, alternative nicotine products or electronic cigarettes and allows a maximum punishment of \$25.00 for any violation; and

WHEREAS, Sheridan County School District #2 has found that W.S. § 14-3-205(b) sentencing restrictions do not act as a deterrent to school children; and

WHEREAS, the City of Sheridan recognizes that this ordinance is necessary to discourage the possession and use of tobacco products, alternative nicotine products and electronic cigarettes by minors within the City of Sheridan;

NOW THEREFORE, BE IT ORDAINED BY THE GOVERNING BODY OF THE CITY OF SHERIDAN, WYOMING:

I. The following shall be located in Chapter 19-1.2 and titled as:

19-1.2 Possession and/or Use of Tobacco Products and Electronic Cigarettes by Minor Prohibited.

(a) Definitions:

(1) *Tobacco Products*: Any substance containing tobacco leaf, or any product made or derived from tobacco that contains nicotine, including but not limited to cigarettes, electronic cigarettes, vials of liquid intended for use in electronic cigarettes including but not limited to: E-Juice, E-Liquid, Pods and Vape-Juice, cigars, pipe tobacco, snuff, chewing tobacco or dipping tobacco or any other product that contains nicotine that can be ingested into the body by chewing, smoking, absorbing, dissolving, inhaling, vaping or by any other means.

(2) *Electronic Cigarettes*: An electronic product or device, which has not been prescribed by a physician, that produces a vapor that delivers a cognitive altering chemical, nicotine or other substance to the person inhaling from the device, and is likely to be offered to, or purchased by persons as an electronic cigarette, electronic cigar, electronic pipe, vape or vaping device, including but not limited to Juul, Suorin, Mods and Vaporizers.

(b) No person under the age of twenty-one (21) years of age shall possess or use tobacco products or electronic cigarettes within the City.

II. The following Sections of Chapter 9-1 are hereby amended to include and read:

(a)(1)(A) The conviction of a first offense may be punished by a fine of up to \$100.00. A second offense may be punished by a fine of up to \$200.00 and may include up to six months of supervised or unsupervised probation. A third offense shall be punished by a fine of at least \$300.00 and shall require up to six months of supervised probation. Additionally, for any conviction of a violation of 19-1.2.

(i) Any person convicted under City Ordinance 19-1.2 shall be entitled to an expungement in accordance with W.S. 14-6-241.

(ii) Any person convicted under City Ordinance 19-1.2 shall be required to complete a tobacco education class approved by the municipal court.

WHEREUPON, a motion was passed and the Ordinance declared adopted this ____ day of _____, 2023.

CITY OF SHERIDAN, WYOMING

Mayor

ATTEST:

City Clerk

FIRST READING: _____

SECOND READING: _____

THIRD READING: _____

PUBLISHED: _____

EFFECTIVE THE _____ DAY OF _____, 2023.



Marijuana/Cannabis

WHAT IS MARIJUANA?

Marijuana is a mind-altering (psychoactive) drug, produced by the *Cannabis sativa* plant. Marijuana has over 480 constituents. THC (delta-9-tetrahydrocannabinol) is believed to be the main ingredient that produces the psychoactive effect.

WHAT IS ITS ORIGIN?

Marijuana is grown in the United States, Canada, Mexico, South America, Caribbean, and Asia. It can be cultivated in both outdoor and indoor settings.

What are common street names?

Common street names include:

- Aunt Mary, BC Bud, Blunts, Boom, Chronic, Dope, Gangster, Ganja, Grass, Hash, Herb, Hydro, Indo, Joint, Kif, Mary Jane, Mota, Pot, Reefer, Sinsemilla, Skunk, Smoke, Weed, and Yerba

What does it look like?

Marijuana is a dry, shredded green/brown mix of flowers, stems, seeds, and leaves from the *Cannabis sativa* plant. The mixture typically is green, brown, or gray in color and may resemble tobacco.

How is it abused?

Marijuana is usually smoked as a cigarette (called a joint) or in a pipe or bong. It is also smoked in blunts, which are cigars that have been emptied of tobacco and refilled with marijuana, sometimes in combination with another drug. Marijuana is also mixed with foods or brewed as a tea.

What is its effect on the mind?

When marijuana is smoked, the active ingredient THC passes from the lungs and into the bloodstream, which carries the chemical to the organs throughout the body, including the brain. In the brain, THC connects to specific sites called cannabinoid receptors on nerve cells and influences the activity of those cells.

Many of these receptors are found in the parts of the brain that influence:

- Pleasure, memory, thought, concentration, sensory and time perception, and coordinated movement

The short-term effects of marijuana include:

- Problems with memory and learning, distorted perception, difficulty in thinking and problem-solving, and loss of coordination

The effect of marijuana on perception and coordination are responsible for serious impairments in learning, associative processes, and psychomotor behavior (driving abilities).

Long term, regular use can lead to physical dependence and withdrawal following discontinuation, as well as psychological addiction or dependence.

Clinical studies show that the physiological, psychological, and behavioral effects of marijuana vary among individuals and present a list of common responses to cannabinoids, as described in the scientific literature:

- Dizziness, nausea, tachycardia, facial flushing, dry mouth, and tremor initially
- Merriment, happiness, and even exhilaration at high doses



Marijuana Leaves

- Disinhibition, relaxation, increased sociability, and talkativeness
- Enhanced sensory perception, giving rise to increased appreciation of music, art, and touch
- Heightened imagination leading to a subjective sense of increased creativity
- Time distortions
- Illusions, delusions, and hallucinations are rare except at high doses
- Impaired judgment, reduced coordination, and ataxia, which can impede driving ability or lead to an increase in risk-taking behavior
- Emotional lability, incongruity of affect, dysphoria, disorganized thinking, inability to converse logically, agitation, paranoia, confusion, restlessness, anxiety, drowsiness, and panic attacks may occur, especially in inexperienced users or in those who have taken a large dose
- Increased appetite and short-term memory impairment are common

What is its effect on the body?

Short-term physical effects from marijuana use may include:

- Sedation, bloodshot eyes, increased heart rate, coughing from lung irritation, increased appetite, and increased blood pressure (although prolonged use may cause a decrease in blood pressure).

Marijuana smokers experience serious health problems such as bronchitis, emphysema, and bronchial asthma. Extended use may cause suppression of the immune system. Withdrawal from chronic use of high doses of marijuana causes physical signs including headache, shakiness, sweating, and stomach pains and nausea.

Withdrawal symptoms also include behavioral signs such as:

- Restlessness, irritability, sleep difficulties, and decreased appetite

What are its overdose effects?

No deaths from overdose of marijuana have been reported.

Which drugs cause similar effects?

Hashish and hashish oil are drugs made from the cannabis plant that are like marijuana, only stronger.

Hashish (hash) consists of the THC-rich resinous material of the cannabis plant, which is collected, dried, and then compressed into a variety of forms, such as balls, cakes, or cookie like sheets. Pieces are then broken off, placed in pipes or mixed with tobacco and placed in pipes or cigarettes, and smoked.

The main sources of hashish are the Middle East, North Africa, Pakistan, and Afghanistan.

Hashish oil (hash oil, liquid hash, cannabis oil) is produced by extracting the cannabinoids from the plant material with a solvent. The color and odor of the extract will vary, depending on the solvent used. A drop or two of this liquid on a cigarette is equal to a single marijuana joint. Like marijuana, hashish and hashish oil are both Schedule I drugs.

What is its legal status in the United States?

Marijuana is a Schedule I substance under the Controlled Substances Act, meaning that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.

Although some states within the United

States have allowed the use of marijuana for

medicinal purpose, it is the U.S. Food and Drug Administration that has the federal authority to approve drugs for medicinal use in the U.S. To date, the FDA has not approved a marketing application for any marijuana product for any clinical indication. Consistent therewith, the FDA and DEA have concluded that marijuana has no federally approved medical use for treatment in the U.S. and thus it remains as a Schedule I controlled substance under federal law.

Marinol is a synthetic version of THC in a capsule (also referred to as dronabinol, the generic or International Nonproprietary Name given to THC), prescribed for the control of nausea and vomiting caused by chemotherapeutic agents used in the treatment of cancer and to stimulate appetite in acquired immune deficiency syndrome (AIDS) patients. Marinol is a Schedule III drug under the Controlled Substances Act.

Syndros is an oral dronabinol (THC) solution that is used for the treatment of anorexia associated with weight loss in patients who have failed to respond adequately to conventional antiemetic treatments. Syndros is a Schedule II drug under the Controlled Substances Act.

Epidoloex is an oral solution of cannabidiol (CBd) that has no more than 0.1% THC, used to treat two epilepsy conditions, Dravet syndrome and Lennox-Gestaut syndrome. Epidoloex is a Schedule V drug under the Controlled Substances Act.



Kratom

WHAT IS KRATOM?

Kratom is a tropical tree native to Southeast Asia. Consumption of its leaves produces both stimulant effects (in low doses) and sedative effects (in high doses), and can lead to psychotic symptoms, and psychological and physiological dependence. Kratom leaves contain two major psychoactive ingredients (mitragynine and 7-hydroxymitragynine). These leaves are crushed and then smoked, brewed with tea, or placed into gel capsules. Kratom has a long history of use in Southeast Asia, where it is commonly known as thang, kakuam, thom, ketum, and biak. In the U.S., the abuse of kratom has increased markedly in recent years.

How is it abused?

Mostly abused by oral ingestion in the form of a tablet, capsule, or extract. Kratom leaves may also be dried or powdered and ingested as a tea, or the kratom leaf may be chewed.

What are the effects?

At low doses, kratom produces stimulant effects with users reporting increased alertness, physical energy, and talkativeness. At high doses, users experience sedative effects. Kratom consumption can lead to addiction.

Several cases of psychosis resulting from use of kratom have been reported, where individuals addicted to kratom exhibited psychotic symptoms, including hallucinations, delusion, and confusion.

What does it do to the body?

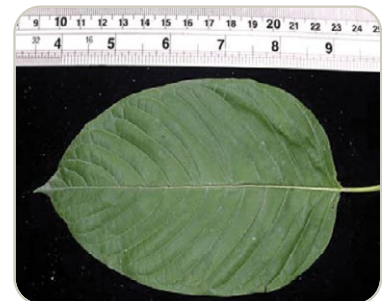
Kratom's effects on the body include nausea, itching, sweating, dry mouth, constipation, increased urination, tachycardia, vomiting, drowsiness, and loss of appetite. Users of kratom have also experienced anorexia, weight loss, insomnia, hepatotoxicity, seizure, and hallucinations.

What is its legal status?

Kratom is not controlled under the Controlled Substances Act; however, there may be some state regulations or prohibitions against the possession and use of kratom. The FDA has not approved Kratom for any medical use. In addition, DEA has listed kratom as a Drug and Chemical of Concern.



Kratom tree



Leaf of kratom tree



Kratom capsules

Updated March 6, 2023

The Federal Status of Marijuana and the Expanding Policy Gap with States

Marijuana is a psychoactive drug that generally consists of leaves and flowers of the cannabis sativa plant. Marijuana is a Schedule I controlled substance under the federal Controlled Substances Act (CSA; 21 U.S.C. §801 et seq.), and thus is strictly regulated by federal authorities. In contrast, over the last several decades, most states and territories have deviated from a comprehensive prohibition of marijuana and have laws and policies allowing for some cultivation, sale, distribution, and possession of marijuana.

Marijuana is the most commonly used illicit drug in the United States. According to data from the National Survey on Drug Use and Health, in 2021, an estimated 36.4 million individuals aged 12 or older used marijuana in the past month. The percentage of individuals 12 or older who reported using marijuana in the past month gradually increased from 6.1% in 2008 to 13.0% in 2021—a time frame during which a majority of states repealed state criminal prohibitions on marijuana and allowed for its recreational and/or medical use. The rate of past-month marijuana use among youth (ages 12-17) initially declined during this time period—from 7.0% in 2008 to 6.5% in 2017 and 2018—before rising to 7.4% in 2019 and then dropping to 5.8% in 2021, while adult (ages 18 and older) use steadily increased—from 6.3% in 2008 to 13.7% in 2021.

Marijuana Control Under Federal Law

Due to its status as a Schedule I controlled substance, the CSA prohibits the manufacture, distribution, dispensation, and possession of marijuana except in federal government-approved research studies. The CSA definition of marijuana changed in 2018, with the removal of hemp (cannabis containing no more than a 0.3% concentration of delta-9-tetrahydrocannabinol [delta-9-THC]—the psychoactive component) from the definition. Otherwise, the status of marijuana as a Schedule I substance has remained unchanged for more than 50 years. For an overview of the history of marijuana control and a broader discussion of current issues, see CRS Report R44782, *The Evolution of Marijuana as a Controlled Substance and the Federal-State Policy Gap*.

Marijuana use may subject an individual to a number of consequences under federal law in addition to the penalties for a conviction of a marijuana-related offense. Consequences for marijuana use can include, but are not limited to, the inability to purchase and possess a firearm and being ineligible for federal housing, certain visas, and federal employment and military service.

State Cannabis Law and Policy Trends

It is increasingly common for states to have laws and policies allowing for medical and/or recreational use of marijuana—activities that violate the CSA. Evolving state-level policies on marijuana also include decriminalization measures.

Medical Marijuana in States

In 1996, California became the first state to amend its drug laws to allow for the medicinal use of marijuana. As of March 1, 2023, 37 states, the District of Columbia (DC), Puerto Rico, Guam, and the U.S. Virgin Islands have comprehensive laws and policies allowing for the medicinal use of marijuana. Ten additional states allow for “limited-access medical cannabis,” which refers to low-THC cannabis or cannabidiol (CBD) oil. Idaho, Kansas, Nebraska, and American Samoa do not allow for the use of medical marijuana or low-THC cannabis.

The CSA does not recognize the distinction states are making between the medical and recreational use of marijuana. Congress initially placed marijuana in Schedule I when it enacted the CSA in 1970. Marijuana’s *continued* classification as a Schedule I controlled substance reflects a finding from the Drug Enforcement Administration (DEA) and Food and Drug Administration (FDA) that marijuana has a high potential for abuse and no currently accepted medical use in the United States.

Recreational Marijuana in States

Recreational marijuana legalization measures remove all state-imposed penalties for specified activities involving marijuana. As of March 1, 2023, 21 states, DC, Guam, and the Northern Mariana Islands have enacted laws allowing the recreational use of marijuana. State recreational marijuana initiatives have legalized the possession of specific quantities of marijuana by individuals aged 21 and over, and (with the exception of DC and the states that only recently enacted these measures) established state-administered regulatory schemes for the sale of marijuana.

Decriminalization

Over the last 50 years, many states and municipalities have decriminalized marijuana. Marijuana *decriminalization* differs markedly from *legalization*. A state or municipality decriminalizes conduct by removing the accompanying criminal penalties or by lowering them (e.g., making covered conduct a low-level misdemeanor with no possibility of jail time); however, civil penalties may remain (e.g., someone possessing marijuana may receive a ticket with a fine).

Marijuana as Medicine and Federal Involvement

Under federal law, a drug must be approved by FDA before it may be marketed in the United States. To date, FDA has not approved a marketing application for marijuana for the treatment of any condition; however, FDA has approved one marijuana-derived drug and three marijuana-related drugs that are available by prescription. Epidiolex, which contains CBD as its active ingredient, is approved for the treatment of seizures associated with two rare and severe forms of epilepsy.

FDA has also approved two drugs containing synthetic THC (Marinol [and its generic versions] and Syndros) and one drug containing a synthetic substance that is structurally similar to THC but not present in marijuana (Cesamet). These products are used to treat nausea and vomiting caused by chemotherapy as well as loss of appetite for individuals with human immunodeficiency virus (HIV). Additional drugs containing marijuana-derived THC and CBD are reportedly being developed.

Federal Regulation of Marijuana Research

The process for getting approval to conduct research with marijuana involves both DEA and FDA. Before conducting research with marijuana, an investigator must obtain a DEA registration, FDA review of an investigational new drug application (IND) or research protocol, and marijuana from a DEA-registered source.

The Medical Marijuana and Cannabidiol Research Expansion Act (P.L. 117-215), among other things, imposes new requirements on DEA to expedite registration for marijuana researchers and requires the Department of Health and Human Services to report on the therapeutic potential of marijuana for various conditions such as epilepsy, as well as on marijuana's effects on adolescent brains and on users' ability to operate a motor vehicle.

Federal Response to State Divergence

Although state laws do not affect the status of marijuana under federal law or the ability of the federal government to enforce it, state legalization initiatives have spurred a number of questions regarding potential implications for federal laws and policies, including federal drug regulation, and access to banking and other services for marijuana businesses. Thus far, the federal response to states' legalizing or decriminalizing marijuana largely has been to allow states to implement their own laws. The Department of Justice (DOJ) has nonetheless reaffirmed that marijuana growth, possession, and trafficking remain crimes under federal law irrespective of states' marijuana laws. Federal law enforcement has generally focused its efforts on criminal networks involved in the illicit marijuana trade.

Federal banking regulators have yet to issue any formal guidance in response to state and local marijuana legalization efforts; however, in February 2014 the Treasury Department's Financial Crimes Enforcement Network issued guidance on financial institutions' suspicious activity report requirements when serving marijuana businesses. For broader discussion of this issue,

see CRS In Focus IF11373, *Financial Services for Marijuana Businesses*.

Limiting Federal Enforcement in States: Directives through Federal Appropriations

In each fiscal year since FY2015, Congress has included provisions in appropriations acts that prohibit DOJ from using appropriated funds to prevent certain states, territories, and DC from "implementing their own laws that authorize the use, distribution, possession, or cultivation of medical marijuana" (for the most recent provision, see the Consolidated Appropriations Act, 2023 [P.L. 117-328]). On its face, the appropriations rider bars DOJ from taking legal action against the states directly in order to prevent them from promulgating or enforcing medical marijuana laws. In addition, federal courts have interpreted the rider to prohibit certain federal prosecutions of private individuals or organizations that produce, distribute, or possess marijuana in accordance with state medical marijuana laws.

Selected Issues for Congress

Given the current marijuana law and policy gap between the federal government and most states, there are a number of issues that Congress may address. These topics include, but are not limited to, marijuana's designation as a Schedule I controlled substance, financial services for marijuana businesses, federal tax issues for these businesses, oversight of federal law enforcement and its role in enforcing federal marijuana laws, and states' implementation of marijuana laws. Congress has raised these issues in hearings, through appropriations, and in bills introduced over the last decade.

In addressing state-level legalization efforts, Congress could take one of several routes. It could elect to take no action, thereby maintaining the federal government's current marijuana policy and enforcement priorities and allowing states to carry on with implementation of recreational and medical marijuana laws. In the alternative, Congress could decide that the CSA must be enforced and push for federal law enforcement to dismantle state medical and recreational marijuana programs. Or, it could continue to take smaller steps, such as enacting appropriations provisions that temporarily restrict DOJ's ability to expend funds to enforce federal marijuana laws in states with medical marijuana programs, or altering the CSA definition of marijuana. Congress may also decide to eliminate the gap altogether by de-controlling marijuana under the CSA and repealing associated criminal provisions. This option would largely eliminate the gap with states that have authorized recreational and comprehensive medical marijuana. As Congress considers these questions, the states continue to act on marijuana legalization, further expanding the policy gap. No state has reversed its legalization of either medical or recreational marijuana at this time.

Lisa N. Sacco, Analyst in Illicit Drugs and Crime Policy
Joanna R. Lampe, Legislative Attorney
Hassan Z. Sheikh, Analyst in Health Policy

IF12270

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5 Things to Know about Delta-8 Tetrahydrocannabinol – Delta-8 THC



Español (</consumers/articulos-para-el-consumidor-en-espanol/5-cosas-que-debe-saber-sobre-el-delta-8-tetrahydrocannabinol-delta-8-thc>)

Delta-8 tetrahydrocannabinol, also known as delta-8 THC, is a psychoactive substance found in the *Cannabis sativa* plant, of which marijuana and hemp are two varieties. Delta-8 THC is one of over 100 cannabinoids produced naturally by the cannabis plant but is not found in significant amounts in the cannabis plant. As a result, concentrated amounts of delta-8 THC are typically manufactured from hemp-derived cannabidiol (CBD).

It is important for consumers to be aware that delta-8 THC products have not been evaluated or approved by the FDA for safe use in any context. They may be marketed in ways that put the public health at risk and should especially be kept out of reach of children and pets.

Here are 5 things you should know about delta-8 THC to keep you and those you care for safe from products that may pose serious health risks:

1. Delta-8 THC products have not been evaluated or approved by the FDA for safe use and may be marketed in ways that put the public health at risk.

The FDA is aware of the growing concerns surrounding delta-8 THC products currently being sold online and in stores. These products have not been evaluated or approved by the FDA for safe use in any context. Some concerns include variability in product formulations and product labeling, other cannabinoid and terpene content, and variable delta-8 THC concentrations. Additionally, some of these products may be labeled simply as “hemp products,” which may mislead consumers who associate “hemp” with “non-psychoactive.” Furthermore, the FDA is concerned by the proliferation of products that contain delta-8 THC and are marketed for therapeutic or medical uses, although they have not been approved by the FDA. Selling unapproved products with unsubstantiated therapeutic claims is not only a violation of federal law, but also can put consumers at risk, as these products have not been proven to be safe or effective. This deceptive marketing of unproven treatments raises significant public health concerns because patients and other consumers may use them instead of approved therapies to treat serious and even fatal diseases.

2. The FDA has received adverse event reports involving delta-8 THC-containing products.

The FDA received 104 reports of adverse events in patients who consumed delta-8 THC products between December 1, 2020, and February 28, 2022. Of these 104 adverse event reports:

- 77% involved adults, 8% involved pediatric patients less than 18 years of age, and 15% did not report age.
- 55% required intervention (e.g., evaluation by emergency medical services) or hospital admission.
- 66% described adverse events after ingestion of delta-8 THC-containing food products (e.g., brownies, gummies).
- Adverse events included, but were not limited to: hallucinations, vomiting, tremor, anxiety, dizziness, confusion, and loss of consciousness.

National poison control centers received 2,362 exposure cases of delta-8 THC products between January 1, 2021 (i.e., date that delta-8 THC product code was added to database), and February 28, 2022. Of the 2,362 exposure cases:

- 58% involved adults, 41% involved pediatric patients less than 18 years of age, and 1% did not report age.

- 40% involved unintentional exposure to delta-8 THC and 82% of these unintentional exposures affected pediatric patients.
- 70% required health care facility evaluation, of which 8% resulted in admission to a critical care unit; 45% of patients requiring health care facility evaluation were pediatric patients.
- One pediatric case was coded with a medical outcome of *death*.

3. Delta-8 THC has psychoactive and intoxicating effects.

Delta-8 THC has psychoactive and intoxicating effects, similar to delta-9 THC (i.e., the component responsible for the “high” people may experience from using cannabis). The FDA is aware of media reports of delta-8 THC products getting consumers “high.” The FDA is also concerned that delta-8 THC products likely expose consumers to much higher levels of the substance than are naturally occurring in hemp cannabis raw extracts. Thus, historical use of cannabis cannot be relied upon in establishing a level of safety for these products in humans.

4. Delta-8 THC products often involve use of potentially harmful chemicals to create the concentrations of delta-8 THC claimed in the marketplace.

The natural amount of delta-8 THC in hemp is very low, and additional chemicals are needed to convert other cannabinoids in hemp, like CBD, into delta-8 THC (i.e., synthetic conversion). Concerns with this process include:

- Some manufacturers may use potentially unsafe household chemicals to make delta-8 THC through this chemical synthesis process. Additional chemicals may be used to change the color of the final product. The final delta-8 THC product may have potentially harmful by-products (contaminants) due to the chemicals used in the process, and there is uncertainty with respect to other potential contaminants that may be present or produced depending on the composition of the starting raw material. If consumed or inhaled, these chemicals, including some used to make (synthesize) delta-8 THC and the by-products created during synthesis, can be harmful.
- Manufacturing of delta-8 THC products may occur in uncontrolled or unsanitary settings, which may lead to the presence of unsafe contaminants or other potentially harmful substances.

5. Delta-8 THC products should be kept out of the reach of children and pets.

Manufacturers are packaging and labeling these products in ways that may appeal to children (gummies, chocolates, cookies, candies, etc.). These products may be purchased online, as well as at a variety of retailers, including convenience stores and gas stations, where there may not be age limits on who can purchase these products. As discussed above, there have been numerous poison control center alerts involving pediatric patients who were exposed to delta-8 THC-containing products. Additionally, animal poison control centers have indicated a sharp overall increase in accidental exposure of pets to these products. Keep these products out of reach of children and pets.

Why is the FDA notifying the public about delta-8 THC?

A combination of factors has led the FDA to provide consumers with this information. These factors include:

- An uptick in adverse event reports to the FDA and the nation's poison control centers.
- Marketing, including online marketing of products, that is appealing to children.
- Concerns regarding contamination due to methods of manufacturing that may in some cases be used to produce marketed delta-8 THC products.

The FDA is actively working with federal and state partners to further address the concerns related to these products and monitoring the market for product complaints, adverse events, and other emerging cannabis-derived products of potential concern. The FDA will warn consumers about public health and safety issues and take action, when necessary, when FDA-regulated products violate the law.

How to report complaints and cases of accidental exposure or adverse events:

If you think you are having a serious side effect that is an immediate danger to your health, call 9-1-1 or go to your local emergency room. Health care professionals and patients are encouraged to report complaints and cases of accidental exposure and adverse events to the FDA's MedWatch Safety Information and Adverse Event Reporting Program:

- Call an FDA Consumer Complaint Coordinator (</safety/report-problem-fda/consumer-complaint-coordinators>) if you wish to speak directly to a person about your problem.
- Complete an electronic Voluntary MedWatch form (<https://www.accessdata.fda.gov/scripts/medwatch/>) online or call 1-800-332-1088 to

request a reporting form, then complete and return to the address on the form, or submit by fax to 1-800-FDA-0178.

- Complete a paper Voluntary MedWatch form (<https://www.fda.gov/media/85598/download>) and mail it to the FDA.
- To report adverse events in animals to the FDA's Center for Veterinary Medicine, please download and submit Form FDA 1932a found at: www.fda.gov/ReportAnimalAE ([/animal-veterinary/report-problem/how-report-animal-drug-and-device-side-effects-and-product-problems](http://animal-veterinary/report-problem/how-report-animal-drug-and-device-side-effects-and-product-problems)).

FDA Issues Warning Letters: FDA Issues Warning Letters to Companies Illegally Selling CBD and Delta-8 THC Products ([/news-events/press-announcements/fda-issues-warning-letters-companies-illegally-selling-cbd-and-delta-8-thc-products](http://news-events/press-announcements/fda-issues-warning-letters-companies-illegally-selling-cbd-and-delta-8-thc-products)).

Warning Letters: Warning Letters and Test Results for Cannabidiol-Related Products ([/news-events/public-health-focus/warning-letters-and-test-results-cannabidiol-related-products](http://news-events/public-health-focus/warning-letters-and-test-results-cannabidiol-related-products)).

For more information about Delta-8 THC: CDC HEALTH ALERT NETWORK (HAN) (<https://emergency.cdc.gov/han/2021/han00451.asp>).

The American Association of Poison Control Centers (AAPCC) maintains the National Poison Data System (NPDS), which houses de-identified case records of self-reported information collected from callers during exposure management and poison information calls managed by the country's poison control centers (PCCs). NPDS data do not reflect the entire universe of exposures to a particular substance as additional exposures may go unreported to PCCs; accordingly, NPDS data should not be construed to represent the complete incidence of U.S. exposures to any substance(s). Exposures do not necessarily represent a poisoning or overdose and AAPCC is not able to completely verify the accuracy of every report. Findings based on NPDS data do not necessarily reflect the opinions of AAPCC.



Emergency Preparedness and Response

Increases in Availability of Cannabis Products Containing Delta-8 THC and Reported Cases of Adverse Events



Distributed via the CDC Health Alert Network
September 14, 2021, 10:00 AM ET
CDCHAN-00451

Summary

The purpose of this Health Alert Network (HAN) Health Advisory is to alert public health departments, healthcare professionals, first responders, poison control centers, laboratories, and the public to the increased availability of cannabis products containing delta-8 tetrahydrocannabinol (THC) and the potential for adverse events due to insufficient labeling of products containing THC and cannabidiol (CBD).

Background

Marijuana, which can also be called weed, pot, or dope, refers to all parts of the plant *Cannabis sativa L.*, including flower, seeds, and extracts with more than 0.3% delta-9 tetrahydrocannabinol (THC) by dry weight. Any part of the cannabis plant containing 0.3% or less THC by dry weight is defined as hemp.¹ The cannabis plant contains more than 100 cannabinoids, including THC, which is psychoactive (i.e., impairing or mind-altering) and causes a “high”.² CBD is another active cannabinoid found in the cannabis plant that is not psychoactive and does not cause a “high”.

The term THC most often refers to the delta-9 THC isomer, which is the most prominently occurring THC isomer in cannabis. However, THC has several other isomers that occur in the cannabis plant, including delta-8 THC. Delta-8 THC exists naturally in the cannabis plant in only small quantities and is estimated to be about 50-75% as psychoactive as delta-9 THC.^{3,4}

CBD can be synthetically converted into delta-8 THC, as well as delta-9 THC and other THC isomers, with a solvent, acid, and heat to produce higher concentrations of delta-8 THC than those found naturally in the cannabis plant.⁵ This conversion process, used to produce some marketed products, may create harmful by-products that presently are not well-characterized.

Delta-8 THC products are increasingly appearing in both marijuana and hemp marketplaces, some of which operate legally under state, territorial, or tribal laws.⁶ Most states and territories permit full or restricted hemp marketplaces that sell hemp and hemp-derived CBD products.⁷ Products sold as concentrated delta-8 THC are also available online. Delta-8 THC products are sometimes marketed as “weed light” or “diet weed.”

The health effects of delta-8 THC have not yet been researched extensively and are not well-understood. However, delta-8 THC is psychoactive and may have similar risks of impairment as delta-9 THC.⁴ As such, products that contain delta-8 THC but are labeled with only delta-9 THC content rather than with total THC content likely underestimate the psychoactive potential of these products for consumers. In addition, the sale of delta-8 THC products is not limited to regulated marijuana dispensaries in states, territories, or tribal nations where marketplaces operate under law. Rather, delta-8 THC products are sold by a wide range of businesses that sell hemp. As a result, delta-8 THC products may also have the potential to be confused with hemp or CBD products that are not intoxicating. Consumers who use these products may therefore experience unexpected or increased THC intoxication.

A wide variety of delta-8 THC-containing products have entered the marketplace, including, but not limited to, vapes, smokable hemp sprayed with delta-8 THC extract, distillates, tinctures, gummies, chocolates, and infused beverages. In addition, because testing methods for products like synthetically derived delta-8 THC are still being developed, delta-8 THC products may not be tested systematically for contaminants such as heavy metals, solvents, or pesticides that may have adverse health effects.⁸

Recent increases in delta-8 THC-involved adverse events

In March 2021, the West Virginia Poison Control Center⁹ reported two cases of adverse events related to use of delta-8 THC products in adults. In both instances, individuals mistook the products containing delta-8 THC for CBD-like products. These exposures led to symptoms consistent with cannabis intoxication. The Michigan Poison Control Center¹⁰ also reported two cases of severe adverse events to delta-8 THC in two children who ingested a parent's delta-8 THC-infused gummies purchased from a vape shop. Both children experienced deep sedation and slowed breathing with initial increased heart rate progressing to slowed heart rate and decreased blood pressure. The children were admitted to the intensive care unit for further monitoring and oxygen supplementation.

In 2021, The American Association of Poison Control Centers (AAPCC) introduced a product code specific to delta-8 THC into its National Poison Data System (NPDS), allowing for the monitoring of delta-8 THC adverse events*. From January 1 to July 31, 2021, 660 delta-8 THC exposures were recorded with the new product code, and one additional case was recoded as a delta-8 THC exposure from October 2020. Eighteen percent of exposures (119 of 661 cases) required hospitalization, and 39% (258 of 661 cases) involved pediatric patients less than 18 years of age.

Syndromic surveillance data from emergency departments participating in the CDC's National Syndromic Surveillance Program (NSSP) show an increase in visits with a mention of delta-8 THC or some variation in the chief complaint text in recent months. More than 4,400 active emergency facilities that represent portions of 49 states and Washington, DC contribute data to NSSP, accounting for approximately 71% of all U.S. non-federal emergency departments. The first suspected visit associated with delta-8 THC in NSSP was observed in September 2020, with three additional visits observed through the end of 2020. Suspected visits have generally increased monthly in 2021 (three suspected visits were observed in January; six in February; 16 in March; 11 in April; 29 in May; 32 in June; and 48 in July 2021). The majority of these visits (73%, 109 of 149 visits) occurred in the Department of Health and Human Services' Regions 4 and 6, which are composed primarily of Southern states that have not passed state laws to allow non-medical adult cannabis use.¹¹ These numbers are likely an underestimate due to the potential for inaccurate and incomplete information about products used by consumers.


Several factors can influence both the type and severity of cannabis-related adverse events, including the type of cannabinoid ingested, concentration, route of exposure, and the individual characteristics of the person who consumed the cannabinoid such as their age, weight, and sex. Delta-8 THC intoxication can cause adverse effects similar to those observed during delta-9 THC intoxication^{10,12}, and may include—

- Lethargy
- Uncoordinated movements and decreased psychomotor activity
- Slurred speech
- Increased heart rate progressing to slowed heart rate
- Low blood pressure
- Difficulty breathing
- Sedation
- Coma

Summary

The rise in delta-8 THC products in marijuana and hemp marketplaces has increased the availability of psychoactive cannabis products, even in states, territories, and tribal nations where non-medical adult cannabis use is not permitted under law. Variations in product content, manufacturing practices, labeling, and potential misunderstanding of the psychoactive properties of delta-8 THC may lead to unexpected effects among consumers. Adverse event reports involving products that contain delta-8 THC that resulted in consumers' hospital or emergency department treatment have been described. Increased reports of adverse events related to delta-8 THC, as well as preliminary reports of the emergence of other similarly produced products derived from cannabis warrant the continued monitoring and tracking of adverse events related to THC.

Recommendations for the Public and Consumers

- Consumers should be aware of possible limitations in the labeling of products containing THC and CBD even from approved marijuana and hemp retailers. Products reporting only delta-9 THC concentration, but not total THC may underestimate the psychoactive potential for consumers.
- Consumers should be aware that products labeled as hemp or CBD may contain delta-8 THC, and that products containing delta-8 THC can result in psychoactive effects. Delta-8 THC products are currently being sold in many states, territories, and tribal nations where non-medical adult cannabis use is not permitted by law. In addition, retailers may sell products outside of regulated dispensaries in states, territories, and tribal nations where cannabis use is permitted by law. This may provide consumers with a false sense of safety, as delta-8 THC products may be labeled as hemp or CBD, which consumers may not associate with psychoactive ingredients.
- Parents who consume edibles and other products that contain THC and CBD should store them safely away from children. Children may mistake some edibles that contain THC and CBD (e.g., fruit-flavored gummies containing delta-8 THC) as candy.
- If consumers experience adverse effects of THC- or CBD-containing products that are an immediate danger to their health, they should call their local or regional poison control center at 1-800-222-1222 or 911 or seek medical attention at their local emergency room and report the ingredients of ingested products to healthcare providers. Consumers are also encouraged to report adverse events to [MedWatch](#) .
- Consumers should be aware that the cannabis marketplace continues to evolve. Other cannabis-derived products of potential concern have emerged recently, such as those containing delta-10 THC and THC-O acetate. More research is needed to understand the health effects of products containing these compounds.

Recommendations for Public Health Departments and Poison Control Centers, including those in locations where laws only permit hemp marketplaces

- Release information to healthcare providers and the public about the psychoactive qualities and the potential health implications of using products containing delta-8 THC and that products labeled as hemp or CBD may contain delta-8 THC.
- Poison control centers have a new code available to identify delta-8 THC exposures. For patients or providers reporting delta-8 THC consumption, poison control centers should use the American Association of Poison Control Centers code 310146 or product code 8297130 to indicate delta-8 THC exposure and aid in the continued surveillance of these exposures.
- States, territories, and tribal nations that have passed laws allowing non-medical use of adult cannabis or that may allow such use in the future may consider requiring the reporting of total THC content, including ingredients like delta-8 THC and other compounds that may be synthetically produced, on product labeling.
- Community-based organizations, such as Drug-Free Communities coalitions, can use information from this report to raise awareness in their communities about the potential negative health effects associated with use of delta-8 THC-containing products, as well as the emergence of other cannabis-derived products of potential concern.

Recommendations for Retailers Selling Cannabis Products

- Retailers selling cannabis products should provide information to consumers about the psychoactive qualities of delta-8 THC.
- Retailers selling cannabis products should report total THC content on product labeling, including ingredients like delta-8 THC that may be synthetically produced to create a psychoactive effect.

Recommendations for Healthcare Providers

- Healthcare providers should be vigilant in observing patients presenting with THC-like intoxication symptoms who do not report an exposure to marijuana or history of use. Symptomatic patients should be questioned about their use of CBD or delta-8 THC products.
- There is no specific antidote for THC intoxication. Treatment is largely symptomatic and supportive care. The ability to detect delta-8 THC with laboratory tests that hospitals use to detect delta-9 THC currently is not fully characterized. Consult with your hospital's medical toxicologist or local poison control center for toxicology consultations on treatment.

For More Information

- CDC Marijuana homepage: "[Marijuana and Public Health](#)"

- FDA Delta-8 THC Consumer Update: “[5 Things to Know about Delta-8 Tetrahydrocannabinol](#) ”
- Visit [CDC-INFO](#) or call CDC-INFO at 1-800-232-4636
- CDC 24/7 Emergency Operations Center (EOC) 770-488-7100

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* *The American Association of Poison Control Centers (AAPCC) maintains the National Poison Data System (NPDS), which houses de-identified case records of self-reported information collected from callers during exposure management and poison information calls managed by the country's poison control centers (PCCs). NPDS data do not reflect the entire universe of exposures to a particular substance as additional exposures may go unreported to PCCs; accordingly, NPDS data should not be construed to represent the complete incidence of U.S. exposures to any substance(s). Exposures do not necessarily represent a poisoning or overdose and AAPCC is not able to completely verify the accuracy of every report. Findings based on NPDS data do not necessarily reflect the opinions of AAPCC.*

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HAN Message Types

- **Health Alert:** Conveys the highest level of importance; warrants immediate action or attention.
- **Health Advisory:** Provides important information for a specific incident or situation; may not require immediate action.
- **Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action.
- **Info Service:** Provides general information that is not necessarily considered to be of an emergent nature.

###

This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

###

Additional Resources

- [HAN Archive By Year](#)
- [HAN Types](#)
- [Sign Up for HAN Email Updates](#)
- [HAN Jurisdictions](#)

Page last reviewed: September 14, 2021

HOUSE BILL NO. HB0137

Minors-sale and purchase of cannabidiol prohibited.

Sponsored by: Representative(s) Newsome, Brown, Eklund,
Haroldson, Heiner, Northrup and Sommers

A BILL

for

1 AN ACT relating to children; prohibiting the sale of
2 cannabidiol products to persons under age twenty-one (21);
3 prohibiting the purchase of cannabidiol products to persons
4 under age twenty-one (21); providing criminal and other
5 penalties; providing exceptions; providing for the
6 expungement of hemp-related offenses as specified; and
7 providing for an effective date.

8

9 *Be It Enacted by the Legislature of the State of Wyoming:*

10

11 **Section 1.** W.S. 14-3-310 and 14-3-311 are created to
12 read:

13

14

ARTICLE 3

15

SALE OF NICOTINE AND CBD PRODUCTS

1

2 **14-3-310. Sale of CBD products to persons under age**
3 **twenty-one; penalties.**

4

5 (a) No person shall sell, offer for sale, give away
6 or deliver CBD products to any person under the age of
7 twenty-one (21) years.

8

9 (b) Any person violating subsection (a) of this
10 section is guilty of a misdemeanor punishable by a fine of
11 not more than:

12

13 (i) Two hundred fifty dollars (\$250.00) for a
14 first violation. The court may allow the defendant to
15 perform community service and be granted credit against his
16 fine and court costs at the rate of ten dollars (\$10.00)
17 for each hour of work performed;

18

19 (ii) Five hundred dollars (\$500.00) for a second
20 violation committed within twenty-four (24) months after a
21 first violation, regardless of the locations where the
22 violations occurred. The court may allow the defendant to
23 perform community service and be granted credit against his

1 fine and court costs at the rate of ten dollars (\$10.00)
2 for each hour of work performed;

3
4 (iii) Seven hundred fifty dollars (\$750.00) for
5 a third or subsequent violation committed within a
6 twenty-four (24) month period, regardless of the locations
7 where the violations occurred. The court may allow the
8 defendant to perform community service and be granted
9 credit against his fine and court costs at the rate of five
10 dollars (\$5.00) for each hour of work performed.

11
12 (c) No retailer shall sell, permit the sale, offer
13 for sale, give away or deliver CBD products to any person
14 under the age of twenty-one (21) years.

15
16 (d) Any person violating subsection (c) of this
17 section is guilty of a misdemeanor punishable by a fine of
18 not more than:

19
20 (i) Two hundred fifty dollars (\$250.00) for a
21 first violation;

22

1 (ii) Five hundred dollars (\$500.00) for a second
2 violation committed during a twenty-four (24) month period;

3

4 (iii) Seven hundred fifty dollars (\$750.00) for
5 a third or subsequent violation committed during a
6 twenty-four (24) month period.

7

8 (e) In addition to the penalties under paragraph
9 (d)(iii) of this section, any person violating subsection
10 (d) of this section by committing a third or subsequent
11 offense within a twenty-four (24) month period may be
12 subject to an injunction. The department of revenue or the
13 district attorney of the county in which the offense
14 occurred, may petition the district court for an injunction
15 to prohibit the sale of CBD products in the establishment
16 where the violation occurred. If the court finds that the
17 respondent in the action has violated the provisions of
18 subsection (d) of this section for a third or subsequent
19 time within a twenty-four (24) month period and may
20 continue to violate such provisions, it may grant an
21 injunction prohibiting the respondent from selling CBD
22 products in the establishment where the violation occurred
23 for a period of not more than one hundred eighty (180)

1 days. For purposes of this subsection, multiple violations
2 occurring before the petition for the injunction is filed
3 shall be deemed part of the violation for which the
4 injunction is sought. If the person against whom the
5 injunction is sought operates multiple, geographically
6 separate establishments, the injunction shall apply only to
7 the establishment where the violation occurred. The
8 injunction shall prohibit all sales of CBD products in the
9 establishment where the violation occurred, regardless of
10 any change in ownership or management of the establishment
11 that is not a bona fide, arms-length transaction while the
12 injunction is in effect.

13

14 (f) It is an affirmative defense to a prosecution
15 under subsections (b) and (d) of this section that, in the
16 case of a sale, the person who sold the CBD product was
17 presented with, and reasonably relied upon, an
18 identification card that identified the person buying or
19 receiving the CBD product as being over twenty-one (21)
20 years of age.

21

22 **14-3-311. Purchase and possession of CBD products by**
23 **persons under age twenty-one prohibited; penalties.**

1

2 (a) No person under the age of twenty-one (21) years
3 shall purchase or attempt to purchase CBD products, or
4 misrepresent the person's identity or age, or use any false
5 or altered identification for the purpose of purchasing or
6 attempting to purchase CBD products. A person shall not be
7 arrested for an alleged violation of this subsection but
8 shall be issued a citation as a charging document by a
9 peace officer having probable cause to believe the person
10 violated this subsection. An officer issuing a citation
11 shall deposit one (1) copy of the citation with the court
12 having jurisdiction over the alleged offense. Bond may be
13 posted and forfeited for an offense charged under this
14 section in an amount equal to the fine imposed by
15 subsection (c) of this section.

16

17 (b) It is unlawful for any person under the age of
18 twenty-one (21) years to possess or use any CBD products.
19 A person shall not be arrested for an alleged violation of
20 this subsection but shall be issued a citation as a
21 charging document by a peace officer having probable cause
22 to believe the person violated this subsection. An officer
23 issuing a citation shall deposit one (1) copy of the

1 citation with the court having jurisdiction over the
2 alleged offense. Bond may be posted and forfeited for an
3 offense charged under this section in an amount equal to
4 the fine imposed by subsection (c) of this section.

5
6 (c) Any person violating subsection (a) or subsection
7 (b) of this section is guilty of a misdemeanor punishable
8 by a fine of fifty dollars (\$50.00). In lieu of the fine
9 under this subsection, the court may allow the defendant to
10 perform community service and be granted credit against the
11 fine and court costs at the rate of ten dollars (\$10.00)
12 for each hour of work performed.

13
14 (d) No conviction under subsection (c) of this
15 section, whether by guilty plea, adjudication of guilt or
16 forfeiture of bond shall be reported by the court to any
17 law enforcement agency. Upon payment of the fine imposed by
18 subsection (c) of this section, a criminal conviction under
19 this section shall be expunged by operation of law from all
20 records of the court nine (9) months after the entry of
21 conviction. For any person whose record of conviction was
22 expunged under this subsection, the conviction is deemed
23 not to have occurred and the person may reply accordingly

1 upon any inquiry in the matter. No expungement under this
2 subsection shall be considered for purposes of any other
3 law providing for expungement.

4
5 **Section 2.** W.S. 11-51-102(b), 14-3-301(a) by creating
6 new paragraphs (viii) and (ix) and 35-7-1063(a)(i) are
7 amended to read:

8
9 **11-51-102. Hemp as agricultural crop; use of hemp.**

10
11 (b) Notwithstanding the requirements of this chapter,
12 the possession, purchase, sale, transportation and use of
13 hemp and hemp products by any person is allowable ~~without~~
14 ~~restriction~~ except as provided in W.S. 14-3-310 and
15 14-3-311.

16
17 **14-3-301. Definitions.**

18
19 (a) As used in this article:

20
21 (viii) "CBD product" means any part, seed,
22 variety or product of the plant cannabis sativa L., whether
23 growing or not, or a product, derivative, extract,

cannabinoid, isomer, acid, salt or salt of isomer made from that plant with a THC concentration of not more than three-tenths of one percent (0.3%) on a dry weight basis when using post-decarboxylation or another similarly reliable testing method. "CBD product" shall not include any CBD product that can be applied topically with a THC concentration of not more than three-tenths of one percent (0.3%) on a dry weight basis;

(ix) "THC" means tetrahydrocannabinol, the psychoactive component of the cannabis plant, with the scientific name trans-delta 9-tetrahydrocannabinol.

35-7-1063. Exceptions to provisions.

(a) The provisions and penalties of this chapter shall not apply to:

(i) The possession or use of hemp or hemp products for any purpose or application except as otherwise provided by W.S. 14-3-310 and 14-3-311;

SENATE FILE NO. SF0090

Hemp prohibitions and requirements.

Sponsored by: Senator(s) Kost, Boner, Driskill and Gierau
and Representative(s) Flitner and Harshman

A BILL

for

1 AN ACT relating to hemp production; prohibiting the use of
2 smokable hemp in public; prohibiting the sale of smokable
3 hemp to those under age twenty-one; providing criminal and
4 other penalties; requiring labeling of edible hemp products
5 as specified; and providing for an effective date.

6

7 *Be It Enacted by the Legislature of the State of Wyoming:*

8

9 **Section 1.** W.S. 11-51-108 and 14-3-109 are created to
10 read:

11

12 **11-51-108. Prohibited uses of hemp; penalties.**

13

14 (a) No individual shall knowingly or intentionally
15 smoke any product containing hemp in a public place. An

1 individual who violates this subsection is guilty of a
2 misdemeanor punishable as follows:

3
4 (i) For a first offense, by a fine of not more
5 than fifty dollars (\$50.00);

6
7 (ii) For a second offense, by a fine of not more
8 than one hundred dollars (\$100.00);

9
10 (iii) For a third or subsequent offense, by a
11 fine of not more than five hundred dollars (\$500.00).

12
13 **14-3-109. Sale of smokable hemp products; penalty.**

14
15 (a) No person shall sell, offer for sale, give away
16 or deliver smokable hemp or smokable hemp products to any
17 person under the age of twenty-one (21) years.

18
19 (b) Any person violating subsection (a) of this
20 section is guilty of a misdemeanor punishable by a fine of
21 not more than:

1 (i) Two hundred fifty dollars (\$250.00) for a
2 first violation. The court may allow the defendant to
3 perform community service and be granted credit against his
4 fine and court costs at the rate of ten dollars (\$10.00)
5 for each hour of work performed;

6
7 (ii) Five hundred dollars (\$500.00) for a second
8 violation committed within a twenty-four (24) month period,
9 regardless of the locations where the violations occurred.
10 The court may allow the defendant to perform community
11 service and be granted credit against his fine and court
12 costs at the rate of ten dollars (\$10.00) for each hour of
13 work performed;

14
15 (iii) Seven hundred fifty dollars (\$750.00) for
16 a third or subsequent violation committed within a
17 twenty-four (24) month period, regardless of the locations
18 where the violations occurred. The court may allow the
19 defendant to perform community service and be granted
20 credit against his fine and court costs at the rate of five
21 dollars (\$5.00) for each hour of work performed.

22

1 (c) No retailer shall sell, permit the sale, offer
2 for sale, give away or deliver smokable hemp or smokable
3 hemp products to any person under the age of twenty-one
4 (21) years.

5

6 (d) Any person violating subsection (c) of this
7 section is guilty of a misdemeanor punishable by a fine of
8 not more than:

9

10 (i) Two hundred fifty dollars (\$250.00) for a
11 first violation;

12

13 (ii) Five hundred dollars (\$500.00) for a second
14 violation committed during a twenty-four (24) month period;

15

16 (iii) Seven hundred fifty dollars (\$750.00) for
17 a third or subsequent violation committed during a
18 twenty-four (24) month period.

19

20 (e) In addition to the penalties under paragraph
21 (d)(iii) of this section, any person violating subsection
22 (d) of this section by committing a third or subsequent
23 offense within a twenty-four (24) month period may be

1 subject to an injunction. The department of revenue or the
2 district attorney of the county in which the offense
3 occurred, may petition the district court for an injunction
4 to prohibit the sale of smokable hemp products in the
5 establishment where the violation occurred. If the court
6 finds that the respondent in the action has violated the
7 provisions of subsection (d) of this section for a third or
8 subsequent time within a two (2) year period and may
9 continue to violate such provisions, it may grant an
10 injunction prohibiting the respondent from selling smokable
11 hemp products in the establishment where the violation
12 occurred for a period of not more than one hundred eighty
13 (180) days. For the purposes of this subsection, multiple
14 violations occurring before the petition for the injunction
15 is filed shall be deemed part of the violation for which
16 the injunction is sought. If the person against whom the
17 injunction is sought operates multiple, geographically
18 separate establishments, the injunction shall apply only to
19 the establishment where the violation occurred. The
20 injunction shall prohibit all sales of smokable hemp
21 products in the establishment where the violation occurred,
22 regardless of any change in ownership or management of the

1 establishment that is not a bona fide, arms-length
2 transaction while the injunction is in effect.

3
4 (f) It is an affirmative defense to a prosecution
5 under subsections (b) and (d) of this section that, in the
6 case of a sale, the person who sold the smokable hemp
7 product was presented with, and reasonably relied upon, an
8 identification card which identified the person buying or
9 receiving the smokable hemp product as being over
10 twenty-one (21) years of age.

11
12 **Section 2.** W.S. 11-51-102(b) and by creating a new
13 subsection (c) and 35-7-1063(a)(iii) are amended to read:

14
15 **11-51-102. Hemp as agricultural crop; use of hemp.**

16
17 (b) Notwithstanding the requirements of this chapter,
18 the possession, purchase, sale, transportation and use of
19 hemp and hemp products by any person is allowable ~~without~~
20 ~~restriction~~ except as provided in W.S. 11-51-108 and
21 14-3-109.

1 (c) Any hemp product marketed or intended for
2 consumption as food or beverage shall include a label on
3 the packaging of the product that lists all active and
4 inactive ingredients in the food or beverage product that
5 contains hemp or cannabidiol. Nothing in this subsection
6 shall be construed to supersede any other applicable
7 federal or state labeling requirements.

8
9 **35-7-1063. Exceptions to provisions.**

10
11 (a) The provisions and penalties of this chapter
12 shall not apply to:

13
14 (iii) Hemp production, processing or testing in
15 accordance with the provisions of W.S. 11-51-101 through
16 ~~11-51-107~~ 11-51-108 and 14-3-109.

17
18 **Section 3.** This act is effective July 1, 2021.

19
20 (END)

HOUSE BILL NO. HB0106

Decriminalization of cannabis.

Sponsored by: Representative(s) Baker, Barlow, Burt, Olsen,
Provenza, Romero-Martinez, Roscoe, Sweeney
and Yin and Senator(s) Case and Rothfuss

A BILL

for

1 AN ACT relating to food and drugs; creating a civil penalty
2 for possessing specified amounts of marijuana and
3 eliminating criminal penalties for possessing specified
4 amounts of marijuana; eliminating use of marijuana and
5 possession of marijuana paraphernalia as crimes;
6 eliminating the prohibition on practitioners prescribing
7 marijuana; amending definitions; making conforming
8 amendments; repealing a provision; and providing for an
9 effective date.

10

11 *Be It Enacted by the Legislature of the State of Wyoming:*

12

13 **Section 1.** W.S. 35-7-1002(a)(xiv), (xxvii)(intro),
14 (E)(intro) and (I), 35-7-1031(a)(ii), (c)(intro),
15 (i)(intro), (A) through (D), by creating new subparagraphs

1 (G) and (H), (iii) and by creating a new paragraph (vi),
2 35-7-1037, 35-7-1038(b), 35-7-1039 and 35-7-1040 are
3 amended to read:

4
5 **35-7-1002. Definitions.**

6
7 (a) As used in this act:

8
9 (xiv) "Marihuana" or "marijuana" means all parts
10 of the plant of the genus Cannabis, whether growing or not;
11 the seed thereof; the resin extracted from any part of the
12 plant; and every compound, manufacture, salt, derivative,
13 mixture or preparation of the plant, its seeds or resin.

14 "Marihuana" or "marijuana" includes products that are
15 composed of both marijuana and other ingredients and are
16 intended for use or consumption, including edible products,
17 ointments and tinctures. It does not include the mature

18 stalks of the plant, fiber produced from the stalks, oil or
19 cake made from the seeds of the plant, any other compound,
20 manufacture, salt, derivative, mixture or preparation of
21 the mature stalks (except the resin extracted therefrom),
22 fiber, oil or cake, or the sterilized seed of the plant
23 which is incapable of germination;

1

2 (xxvii) "Drug paraphernalia" means all
3 equipment, products and materials of any kind when used,
4 advertised for use, intended for use or designed for use
5 for manufacturing, converting, preparing, packaging,
6 repackaging, storing, containing, concealing, injecting,
7 ingesting, inhaling or otherwise introducing into the human
8 body a controlled substance, except marijuana, in violation
9 of this act and includes:

10

11 (E) The following objects when used,
12 advertised for use, intended for use or designed for use in
13 ingesting, inhaling or otherwise introducing marihuana,
14 cocaine, hashish or hashish oil or any other controlled
15 substance into the human body:

16

17 (I) Metal, acrylic, glass, stone,
18 plastic or ceramic pipes with or without screens, permanent
19 screens, hashish heads or punctured metal bowls;

20

21 **35-7-1031. Unlawful manufacture or delivery;**
22 **counterfeit substance; unlawful possession; civil penalty**
23 **for marijuana.**

1

2 (a) Except as authorized by this act, it is unlawful
3 for any person to manufacture, deliver, or possess with
4 intent to manufacture or deliver, a controlled substance.
5 Any person who violates this subsection with respect to:

6

7 (ii) Any other controlled substance classified
8 in Schedule I, except marijuana in amounts specified in
9 paragraph (c)(vi) of this section, II or III, is guilty of
10 a crime and upon conviction may be imprisoned for not more
11 than ten (10) years, fined not more than ten thousand
12 dollars (\$10,000.00), or both;

13

14 (c) It is unlawful for any person knowingly or
15 intentionally to possess a controlled substance unless the
16 substance was obtained directly from, or pursuant to a
17 valid prescription or order of a practitioner while acting
18 in the course of his professional practice, or except as
19 otherwise authorized by this act. ~~With the exception of any~~
20 ~~drug that has received final approval from the United~~
21 ~~States food and drug administration, including dronabinol~~
22 ~~as listed in W.S. 35-7-1018(h), and notwithstanding any~~
23 ~~other provision of this act, no practitioner shall dispense~~

1 ~~or prescribe marihuana, tetrahydrocannabinol, or synthetic~~
2 ~~equivalents of marihuana or tetrahydrocannabinol. No~~
3 ~~prescription or practitioner's order for marihuana,~~
4 ~~tetrahydrocannabinol, or synthetic equivalents of marihuana~~
5 ~~or tetrahydrocannabinol shall be valid, unless the~~
6 ~~prescription is for a drug that has received final approval~~
7 ~~from the United States food and drug administration,~~
8 ~~including dronabinol.~~ Any person who violates this
9 subsection:

10
11 (i) And has in his possession a controlled
12 substance in the ~~amount~~ amounts set forth in this paragraph
13 is guilty of a misdemeanor punishable by imprisonment for
14 not more than twelve (12) months, a fine of not more than
15 one thousand dollars (\$1,000.00), or both. Any person
16 convicted for a third or subsequent offense, other than a
17 marijuana offense, under this paragraph, including
18 convictions for violations of similar laws in other
19 jurisdictions, shall be imprisoned for a term not more than
20 five (5) years, fined not more than five thousand dollars
21 (\$5,000.00), or both. For purposes of this paragraph, the
22 amounts of a controlled substance are as follows:

23

1 (A) Except as provided in subparagraph (G)
2 of this paragraph, for a controlled substance in plant
3 form, no more than three (3) ounces;
4

5 (B) Except as provided in subparagraph (H)
6 of this paragraph, for a controlled substance in liquid
7 form, no more than three-tenths (3/10) of a gram;
8

9 (C) Except as provided in subparagraph (H)
10 of this paragraph, for a controlled substance in powder or
11 crystalline form, no more than three (3) grams;
12

13 (D) Except as provided in subparagraph (H)
14 of this paragraph, for a controlled substance in pill or
15 capsule form, no more than three (3) grams;
16

17 (G) For marijuana in plant form, more than
18 three (3) ounces;
19

20 (H) For products composed of marijuana that
21 are:
22

1 (I) In solid form, including edible
2 products, ointments and tinctures, more than sixteen (16)
3 ounces;

4
5 (II) In liquid form, more than
6 seventy-two (72) ounces;

7
8 (III) In a form that has undergone a
9 process to concentrate one (1) or more active cannabinoids
10 to increase the marijuana's potency, including in powder,
11 crystalline, pill or capsule form, more than thirty (30)
12 grams.

13
14 (iii) And has in his possession any other
15 controlled substance classified in Schedule I, except
16 marijuana, II or III in an amount greater than set forth in
17 paragraph (c)(i) of this section, is guilty of a felony
18 punishable by imprisonment for not more than five (5)
19 years, a fine of not more than ten thousand dollars
20 (\$10,000.00), or both;

21
22 (vi) And has in his possession marijuana in any
23 combination of forms and amounts set forth in this

1 paragraph shall be subject to a civil penalty of not more
2 than one hundred dollars (\$100.00). For purposes of this
3 paragraph, the amounts of marijuana are as follows:

4

5 (A) For marijuana in plant form, three (3)
6 ounces or less;

7

8 (B) For products composed of marijuana that
9 are:

10

11 (I) In solid form, including edible
12 products, ointments and tinctures, sixteen (16) ounces or
13 less;

14

15 (II) In liquid form, seventy-two (72)
16 ounces or less;

17

18 (III) In a form that has undergone a
19 process to concentrate one (1) or more active cannabinoids
20 to increase the marijuana's potency, including in powder,
21 crystalline, pill or capsule form, thirty (30) grams or
22 less.

23

1 **35-7-1037. Probation and discharge of first**
2 **offenders.**

3
4 Whenever any person who has not previously been convicted
5 of any offense under this act or under any statute of the
6 United States or of any state relating to narcotic drugs,
7 ~~marihuana~~ marijuana, or stimulant, depressant, or
8 hallucinogenic drugs, pleads guilty to or is found guilty
9 of possession of a controlled substance under W.S.
10 35-7-1031(c) (i) through (v) or 35-7-1033(a)(iii)(B), or
11 pleads guilty to or is found guilty of using or being under
12 the influence of a controlled substance under W.S.
13 35-7-1039, the court, without entering a judgment of guilt
14 and with the consent of the accused, may defer further
15 proceedings and place him on probation upon terms and
16 conditions. Any term of probation imposed under this
17 section for a felony offense shall not exceed the maximum
18 term of probation authorized under W.S. 7-13-302(b). Upon
19 violation of a term or condition, the court may enter an
20 adjudication of guilt and proceed as otherwise provided.
21 Upon fulfillment of the terms and conditions, the court
22 shall discharge the person and dismiss the proceedings
23 against him. Discharge and dismissal under this section

1 shall be without adjudication of guilt and is not a
2 conviction for purposes of this section or for purposes of
3 disqualifications or disabilities imposed by law upon
4 conviction of a crime, including the additional penalties
5 imposed for second or subsequent convictions under W.S.
6 35-7-1038. There may be only one (1) discharge and
7 dismissal under this section with respect to any person.
8 This section shall not be construed to provide an exclusive
9 procedure. Any other procedure provided by law relating to
10 suspension of trial or probation, may be followed, in the
11 discretion of the trial court.

12

13 **35-7-1038. Second or subsequent offenses; mandatory**
14 **minimum penalty for certain subsequent offenses.**

15

16 (b) For purposes of subsection (a) of this section,
17 an offense is a second or subsequent offense if, prior to
18 his conviction of the offense, the offender has at any time
19 been convicted under this act or under any statute of the
20 United States or of any state relating to narcotic drugs,
21 ~~marijuana~~, depressant, stimulant or hallucinogenic drugs.

22

1 **35-7-1039. Person using or under influence of**
2 **controlled substance.**

3
4 Any person who knowingly or intentionally uses or is under
5 the influence of a controlled substance listed in Schedules
6 I, except marijuana, II or III and except when administered
7 or prescribed by or under the direction of a licensed
8 practitioner, shall be guilty of a misdemeanor and shall be
9 punished by imprisonment in the county jail not to exceed
10 six (6) months or a fine not to exceed seven hundred fifty
11 dollars (\$750.00), or by both.

12
13 **35-7-1040. Planting, cultivating or processing peyote**
14 **or opium poppy.**

15
16 Any person who knowingly or intentionally plants,
17 cultivates, harvests, dries, or processes marijuana in
18 amounts that exceed the amounts listed in W.S.
19 35-7-1031(c)(vi) or any ~~marihuana~~, ~~peyote~~, or opium poppy
20 except as otherwise provided by law shall be guilty of a
21 misdemeanor and shall be punished by imprisonment not to
22 exceed six (6) months in the county jail or by a fine not
23 to exceed one thousand dollars (\$1,000.00), or both.

1

2 **Section 2.** W.S. 35-7-1002(a)(xxvii)(C) is repealed.

3

4 **Section 3.** This act is effective July 1, 2022.

5

6 (END)

CITY COUNCIL STAFF REPORT

TO: His Honor the Mayor and Members of the City Council

FROM: Mia Harris, Finance Director
Kyle J. Butterfield, City Administrator



DATE: May 9, 2023

SUBJECT: Contract for Services Budget Discussion

Recommendation: The City Council discusses and prioritizes funding requests from community service providers for fiscal year 2024.

Background: The City of Riverton receives direct distribution funding from the State of Wyoming each year. Historically, the monies are allocated towards one-time purchases and capital expenditures, and a portion is provided to local programs and organizations that benefit the community's citizens. These organizations are not under the direct oversight of the City of Riverton and are not maintained as city departments. Last year, the city council approved funding requests totaling \$270,500 to eleven entities.

Discussion: Beginning February 16, 2023, city staff began noticing the public about the application process through the city website, social media site, and local media channels. Staff also provided email notifications to the entities that received funding last year. The city received \$603,661.42 in funding requests from seventeen organizations.

On April 11, 2023, the city council received brief presentations from each of the community service providers requesting funds from the city. As part of the preparation of next fiscal year's budget, the council should now select which service providers to fund and to what amount. Funding allocations will be formally approved when the FY24 budget is adopted in June.

Budget Impact: Staff has earmarked an allocation of \$275,000 in FY24 for community service contracts.

Community Contract for Services Funding Requests FY 23-24

Organization	Proposed Funding	23-24 Requested	22-23 Funding	21-22 Funding	20-21 Funding	19-20 Funding	18-19 Funding	17-18 Funding
Big Brothers Big Sisters of Northwest Wyoming		\$0.00	\$0.00	\$3,000.00	\$0.00	\$2,000.00	\$0.00	\$0.00
Central Wyoming CATS		\$10,000.00	\$5,000.00	\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Central Wyoming Skate Association		\$0.00	\$500.00	\$500.00	\$500.00	\$0.00	\$0.00	\$0.00
Child Development Services of Fremont County		\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Children's Advocacy		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,975.00	\$3,500.00
Eagle's Hope Transitions Center		\$49,661.42	\$20,000.00	\$47,785.00	\$16,000.00	\$6,000.00	\$4,000.00	\$4,000.00
Family & Community Support Team		\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fremont Co. Good Samaritan Center		\$0.00	\$0.00	\$0.00	\$0.00	\$5,500.00	\$1,488.00	\$1,750.00
Injury Prevention		\$7,500.00	\$5,000.00	\$5,000.00	\$4,000.00	\$5,000.00	\$3,825.00	\$4,500.00
Juvenile Justice Services of Fremont County aka Youth Services		\$35,000.00	\$17,000.00	\$25,000.00	\$17,000.00	\$20,000.00	\$21,250.00	\$25,000.00
Legion Post 19 Riverton Raider's Baseball		\$7,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PAWS*		\$75,000.00	\$45,000.00	\$45,000.00	\$40,000.00	\$40,000.00	\$34,000.00	\$40,000.00
R' Recreation		\$135,000.00	\$135,000.00	\$125,000.00	\$125,000.00	\$135,250.00	\$110,925.00	\$130,500.00
Riverton Adult Softball Association		\$15,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Riverton Ambassadors		\$0.00	\$0.00	\$7,500.00	\$0.00	\$0.00	\$0.00	\$0.00
Riverton American Legion		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Riverton Chamber of Commerce & Visitors Center		\$50,000.00	\$30,000.00	\$0.00	\$5,000.00	\$12,750.00	\$12,750.00	\$15,000.00
Riverton Little League		\$3,000.00	\$4,000.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00
Riverton Senior Citizens Center*		\$31,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Riverton Swim Club		\$5,000.00	\$4,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Volunteer Firemen		\$5,000.00	\$5,000.00	\$5,000.00	\$3,500.00	\$8,500.00	\$8,500.00	\$10,000.00
Volunteers of America		\$55,000.00	\$0.00	\$0.00	\$0.00	\$55,000.00	\$95,200.00	\$112,000.00
Wind River Heritage Center		\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$603,661.42	\$270,500.00	\$276,285.00	\$211,000.00	\$290,000.00	\$294,913.00	\$346,250.00

*PAWS-All utilities for the animal shelter, including heat and gas are paid by the city. Water, sewer, and sanitation expenses are also waived by the city. As in past years, animal control officer expenses are paid by the city.

*Riverton Senior Citizens Center-Entity pays their own heat & electric. Water, sewer, and sanitation expenses are waived by the city.

City of Riverton Contract for Services Funding Request



Name of Organization: Central Wyming Children's Center for Art,, Technology & Science (CATS)

Contact Person: Barb Yates, Treasurer: Karen Bergquist, Chairman

Address: 120 South 3rd St. East

City, State, Zip: Riverton, WY 82501

Phone Number: Barb 307-851-9248, Karen 307-851-4773

Email Address: rivertonwycats@gmail.com

Type of Organization: ☒ 501(c)3 ☐ Association ☐ Civic Group

☐ Other (school, etc.) Please explain _____

Number of Local Members: 9 Board Members - 310 Family Memberships

Number of Locally Impacted Individuals/Organizations: Between 2,000 and 2,500

Total Budget for Fiscal Year (including funding from the City of Riverton: \$53,900

(Please attach your budget.)

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding sources) See ttachment # 1

Please donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of donations.) See Sttchment # 2

Amount Requested: \$10,000.00

How will the funding be used to benefit the community? (if necessary, please attach no more than one sheet explaining how the funds will be used.) See Attachment # 3

Please list administrative overhead including salaries: (if necessary, please attach a detailed list.) _____
See Attachment # 4

Has the City of Riverton Funded your request in the past? ☒ Yes ☐ No

Please return this form, along with any supporting documentation to City of Riverton, Attn: Mia Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email: mharris@rivertonwv.gov.

CATS PROPOSED BUDGET FOR 20	2023		
INCOME			
	Budget 2023		,
Birthday Parties	\$ 3,000.00		
Business Membership	\$ 1,000.00		
Business Donation	\$ 2,000.00		
Classes	\$ 200.00		
Convenience Fee	\$ 250.00		
Family Memberships	\$ 15,000.00		
General Admission	\$ 9,000.00		
Gift Certificats	\$ 100.00		
Gifts & Toys	\$ 1,000.00		
Grants	\$ 12,000.00		
Ind. Business Donations	\$ 5,000.00		
Individual Donations	\$ 2,000.00		
Memorial Donations	\$ 100.00		
Misc. Revenue	\$ 250.00		
Vouchers	\$ 1,000.00		
Polar Express	\$ 2,000.00		
	\$ 53,900.00		
EXPENSE			
Accounting Fee	\$ 900.00		
Advertising	\$ 240.00		
Annual Report	\$ 25.00		
Printing & Copying	\$ 44.00		
Building Materials			
Classes	\$ 900.00		
Exhibit Expenses	\$ 5,000.00		
Fees Credit Card	\$ 250.00		
Insurance Liability D & O	\$ 1,141.00		
Memberships	\$ -		
Other Cost & Expenses	\$ 700.00		
Individual Donations	\$ 125.00		
Payroll	\$ 14,500.00		
Payroll Taxes	\$ 3,000.00		
Postage	\$ 50.00		
Printing & Copying	\$ 25.00		
Rent	\$ 18,000.00		
Repairs & Maint	\$ 50.00		
Sales Tax	\$ 300.00		
Snow Removal	\$ 100.00		
Supplies	\$ 750.00		
Storage Rent	\$ 600.00		
Outside Contract Expense			
Bussiness Expense			
Utilities			
Phone & Internet	\$ 1,300.00		
Rocky Mtn Power	\$ 2,500.00		
Source Gas	\$ 2,000.00		
Water Sewer & Garbage	\$ 1,400.00		
	\$ 53,900.00		.

City of Riverton Contract for Services Funding request: Due March 31. 2023			
Central Wyoming Childrens Center for Art, Technology and Science (CATS)			
List of donations sources and amounts from the prior 2 years			
2022			
Business Donation	1,356.77		
Grants	19,555.00		
Individual Business Contributions	1,086.06		
Indiviuals Donations	5,185.99		
PPP - Small Business	3,473.95		
Total	30,657.77		
2021			
Business Donation	7,976.84		
Grants	5,000.00		
Indiviuals Donations	2,896.00		
Charges & Vouchers	588.00		
	16,460.84		

2

Central Wyoming Childrens Center for Art, Technology and Science (CATS)				
City of Riverton Contract for Services Funding Request: Due March 31, 2023				2023
List of other funding sources and amounts				
Arts, Science and Classes				
Birthday Room	3,000.00			
Business Memberships	-			
Convenience Fee	215.00			
Charges & Vouchers	1,000.00			
Family Memberships	30,000.00			
General Admission	8,580.00			
Gift Certificates	50.00			
Gifts & Toys	672.00			
Miscellaneous				
Donations	1,600.00			
Grants	5,000.00			
	50,117.00			

How will funding be used to benefit the community?

Although Riverton is the largest city in Fremont County, the city has limited year-round recreational opportunities for families. Central Wyoming Children's Center for Art, Technology and Science (CATS) provides a safe and healthy venue in Riverton where all children can play and grow socially and intellectually through interactive educational activities. In addition to Riverton, CATS attracts children and families from other towns within the County, the Wind River Reservation, Thermopolis and Rawlins. The out of town visitors frequently shop and eat within the Riverton community benefiting our local businesses

CATS has been lucky to have ongoing assistance from the following partners who support the vision and mission of CATS:

- School District #25
- Recreation for Riverton (RRiverton)
- Fremont County Library Association
- Thermopolis Dinosaur Museum
- School District #25 Recreation Board
- Fremont Country Recreation Board
- First Interstate Bank

From a fiscal perspective, CATS contributes to the Riverton economy by purchasing local products such as cleaning supplies, shirts for staff, paper products, printing supplies, paint and hardware supplies. In addition to staff salaries, CATS also pays for local services such as printing, snow removal, window cleaning, plumbing and electrical services.

CATS provides social, economic and quality of life to Riverton; however, as a non-profit, meeting the financial demands of maintaining operations and paying staff has been challenging. With the support of the City, CATS can continue to grow and thrive, further benefitting all of Riverton.

Central Wyoming Children's Center for Art, Technology and Science (CATS)		
City of Riverton Contract for Services Funding Request: Due March 31, 2023		
List of Administrative overhead including salaries:		
Salaries	\$ 17,964.00	
Utilities	\$ 6,612.00	
Rent	\$ 14,500.00	
Postate Printing, Supplies	\$ 740.00	
Insurance & Memberships	\$ 1,506.00	
Contract Services	\$ 900.00	
Total	\$ 42,222.00	

City of Riverton Contract for Services Funding Request



Name of Organization: Child Development Services of Fremont County

Contact Person: Courtney Hill

Address: 1202 E Jackson Ave

City, State, Zip: Riverton, WY 82501

Phone Number: 307-856-4337

Email Address: chill@cdsfc.org

Type of Organization: ☒ 501(c)3 ☐ Association ☐ Civic Group

☐ Other (school, etc.) Please explain _____

Number of Local Members: 61 Staff 226 Families

Number of Locally Impacted Individuals/Organizations: 30 preschools, 4 school districts, 300 families

Total Budget for Fiscal Year (including funding from the City of Riverton): \$2,945,795.00

(Please attach your budget.)

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding sources) State and Federal Part B, Part C Funding, BlackCat, CACFP, Preschool Tuition,

Child Find, Medicaid, Private Insurance Billing, Wyoming Trust Fund, C4C, SD 25 Rec Board

Please donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of donations.) Individual businesses, sponsorships, and fundraisers support additional efforts.

Amount Requested: \$100,000 (teacher plus educational assistant)

How will the funding be used to benefit the community? (if necessary, please attach no more than one sheet explaining how the funds will be used.) These funds will be used to expand services at CDS.

Opening an infant/toddler class in Riverton to provide 2 jobs and childcare for up to 6 infants.

Please list administrative overhead including salaries: (if necessary, please attach a detailed list.) _____

The total request would almost cover this much needed resource.

Has the City of Riverton Funded your request in the past? ☐ Yes ☒ No

Please return this form, along with any supporting documentation to City of Riverton, Attn: Mia Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email: mharris@rivertonwy.gov.



April 6, 2023

Riverton City Council,

Child Development Services of Fremont County (CDSFC) is requesting the opportunity to apply for up to \$100,000 in Community Service funds through the Riverton City Council. As a local Non-profit 501 (c) (3) organization, we aim to partner with families, meeting children's educational and developmental needs from birth through five years of age.

Each year CDSFC seeks to assist families in receiving developmental services such as physical therapy, occupational therapy, speech-language, and special education while providing a head start to the K-12 public school system at no cost. Additionally, CDSFC works to provide families with community resources and connections that will help their overall well-being.

CDSFC has identified a need for early childhood services and support for families of varied natures. As an organization currently serving over 250 families, the needs within our community continue to increase along with the cost of services. In the past year, CDSFC has made strides in expanding our services to local families through the following areas:

- Full Day preschool and childcare services
- Social-Emotional Services
- Pediatric Feeding Therapy
- Speech-Language Services

Additionally, CDSFC is giving back to local preschool facilities and families by paying local preschools to provide educational services to children with developmental delays and disabilities, ensuring that all children receive a Free and Appropriate Public Education (FAPE) in their Least Restrictive Environment (LRE) regardless of their financial situation.

In 2023-2024 CDS would like to continue expanding services by offering infant and toddler services in the Riverton Center. To be able to provide these services, CDS will need to do some minor renovations, purchase appropriate equipment to serve our youngest group of children, and hire one teacher with one educational assistant. While we believe that childcare fees will provide some assistance with the cost of this extended service, we know that it will not fully cover the quality services planned by CDS.

Each of these efforts is at the core of the CDSFC mission to help families in our community and come at an increased level of cost and commitment. In 2020, the funding to child development centers across the state decreased by 22% while the expectations for services and inflation continued to rise. We are reaching out to the city of Riverton to help us make this impact in our community by providing funds to support the expanded efforts of CDSFC and give back to the community. CDSFC has been a partner in our community since 1978 and we hope that the City of Riverton will help us meet the increased need for childcare services in our community.

I look forward to hearing from you. Please contact me for any further information.

Courtney Hill

2023-24 Budget		
2022-2023 Count Part C 77 Part B 150		
INCOME	AMOUNT	NOTES
2024 Transportation- Blackcat	\$74,142.50	Transportation Reimbursement Grant Oct-Sept
2023 Transportation- Blackcat	\$24,715.50	Remaining Grant overlap from previous FY
2023 Part C Federal	\$115,115.00	\$1495 per child receiving Part C Services based on 22-23 Count
2023 Part C Federal Training	\$10,000.00	Not Guaranteed for FY24
2023 Part C State	\$503,998.88	\$6545.44 per child receiving Part C Services based on 22-23 Count
2023 Part C State Social Emotional	\$27,951.00	\$363 per child receiving Part C Services based on 22-23 Count
2023 Part B State	\$1,246,710.00	\$8311.40 per child receiving Part B Services based on 22-23 Count
2023 Social Emotional Part B	\$54,450.00	\$363 per child receiving Part B Services based on 22-23 count
2023 Federal B 611	\$48,817.50	\$325.45 per child receiving Part B Services based on 22-23 Count
2023 Federal B 619	\$38,854.50	\$259.03 per child receiving Part B Services based on 22-23 count
Misc. Income	\$1,000.00	small income through staff generated activities (Soda Machine)
CACFP	\$22,000.00	Child and Adult Care Food Program Reimbursement Grant based on the free and reduced status of children per meal. We average 50% reimbursement of cost.
Preschool Tuition	\$100,000.00	Fees for Typically Developing Students attending preschool at CDS
Child Find	\$24,494.00	Fund allocated to CDS from school districts to screen and provide services to students with disabilities whom will transition to Kindergarten in the public schools
Part C Private Insurance Billing	\$15,000.00	Estimated reimbursement. NEW for 2023-2024
XIX Income - Medicaid	\$90,000.00	Estimated reimbursement for PT, OT, SLP, services
Interest Income	\$1,500.00	Interest on holdings/reserves
TOTAL INCOME	\$2,398,748.88	
Tentative Revenue Sources- MATCH REQUIREMENT OF \$58000		
C4C	\$7,000.00	Amount Raised in Lander for Lander in 2022
Wyoming Childrens' Trust Fund	\$5,000.00	Amount Typically Received- not yet awarded
Rec Board Grants	\$8,000.00	Reimbursement Grant Received 22-23, estimated average to be received yearly
Contributions		Line Item to tally throughout the year.
City of Riverton Contract for Community Services	\$100,000.00	Requested
County Social Services Award	\$65,000.00	Requested
TOTAL VARIABLE REVENUE	\$185,000.00	

EXPENDITURES		
Operations		
Utilities	\$36,000.00	Average Yearl Bills
Property Taxes	\$318.00	Lander new building Land
Contract Services	\$2,000.00	summer cleaning, mowing etc.
Credit Card Processing	\$700.00	Annual and Processing Fees
Advertising	\$4,000.00	County 10, Print Resources, Job Sites
Accounting / Audit	\$20,000.00	Annual Audit and Accounting Expenses
Consultants	\$186,250.00	251000 this year, need SLPA, SLP to meet this goal
Telephone/Internet	\$15,000.00	Internet, Voicemail, Analog Phone Service
CACFP and Supplies	\$22,000.00	reduced by 10,000 (600/week)
Fundraiser Expenses	\$3,000.00	
Professional Development	\$10,000.00	reduced by 15,000 to cut costs
Insurance	\$55,000.00	Vehicle, Liability, Cyperliability
Preschool Placement Contracts	\$10,000.00	2022-2023 \$26000, estimated reduction based on service formula
Legal	\$1,000.00	retainer estimate
Salaries and Benefits		
Salaries	\$1,873,595.00	Employee Salary/Eages
Payroll Taxes	\$143,330.00	SS & Medicare
Workers Comp & Unemployment Insurance	\$32,231.00	Estimate
Health Insurance Allowance	\$132,000.00	Estimate based on employee selection
\$10,000 Basic Life Insurance for FT staff	\$2,244.00	Estimate
Wyoming Retirement	\$247,127.00	Estimate
ESY Staff	\$20,000.00	Services for students during summer months
Substitute	\$1,000.00	coverage for staff when sick
Employee Pre Employment	\$5,000.00	Drug testing, Background Check etc.
Supplies and Equipment		
Specialized Equip	\$5,000.00	Equipment for students with disabilities
Center Supplies	\$5,000.00	toilet paper, paper towels etc. reduced by 5500
Teacher budgets	\$6,000.00	500 per classroom
Family Engagement Nights	\$2,000.00	500 per night/ 2 per year
General Admin Supplies	\$15,000.00	Subscriptions, copier supplies, postage etc. quick books, paycor, webpage, xerox, appointment, brightwheel, adobe, ecwid, dreamhost
Technology	\$10,000.00	equipment, supplies
Transportation and Maintenance		
Repair and Maintenance	\$25,000.00	Building
Transportation Repair & Maintenance	\$21,000.00	Vehicles/ Fleet
Fuel	\$32,000.00	Fuel
License & Tags	\$3,000.00	Fleet
TOTAL EXPENSES	\$2,945,795.00	
Net income/loss	-362,046.12	

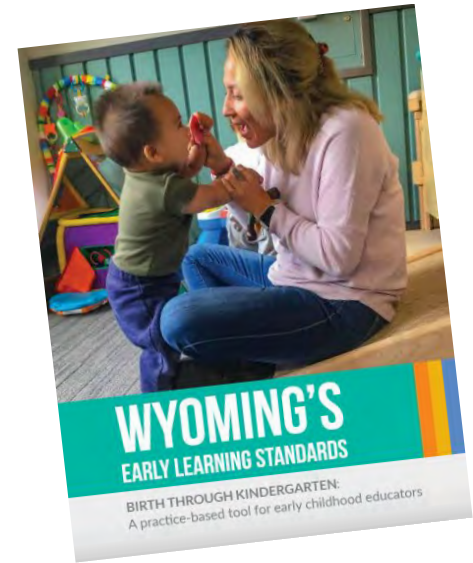
Child Development Services

Fremont County

***Making a difference one child
at a time...***



Early Intervention and Education



WITHOUT A HIGH-QUALITY EARLY EDUCATION, AT-RISK CHILDREN ARE

- 25%** MORE LIKELY TO **DROP OUT OF SCHOOL**
- 40%** MORE LIKELY TO BECOME A **TEEN PARENT**
- 50%** MORE LIKELY TO BE PLACED IN **SPECIAL EDUCATION**
- 60%** MORE LIKELY TO **NEVER ATTEND COLLEGE**
- 70%** MORE LIKELY TO BE ARRESTED FOR A **VIOLENT CRIME**

HIGH-QUALITY PRESCHOOL AVAILABLE TO EVERY CHILD.

Serving children of all abilities 3 to 5 year olds



Preschool



Pacesetters &
Exceptional Learners

Outreach



Birth to 3



Purple Parade

Sponsorships & Donations

- ❑ **Purple Star** \$1,000 Largest size logo on event t-shirts, recognized as Purple Star donor, thank you ad.
- ❑ **Red Star** \$750 second largest size logo on event t-shirts, recognized as Red Star donor, thank you ad.
- ❑ **Blue Star** \$500 your name will be on event t-shirts, recognized as Blue Star donor, thank-you ad.
- ❑ **Green Star** \$250 your name in smaller letters, recognized as a Green Star donor, thank-you ad.
- ❑ **Orange Star** \$100 recognized as an Orange Star donor, thank-you ad.
- ❑ **Child Spotlight** \$50 Yard sign with your child's picture along the parade route.

PURPLE PARADE

5K WALK/RUN CELEBRATING THE EDUCATION
OF YOUNG CHILDREN IN FREMONT COUNTY

Sat. April 8 9am @ Jaycee Park Riverton

Sponsorship
Opportunities

ADULT \$35 (AGE 13 +)
FAMILY \$85 (FAMILY OF 4)
EACH ADDITIONAL YOUTH IS \$10
YOUTH \$20 (3-12)
UNDER 3 FREE

Celebrate
YOUR
child

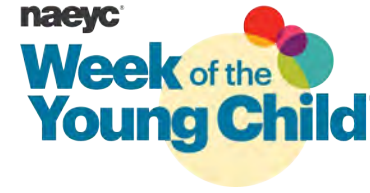
CELEBRATE

EDUCATION OF
YOUNG CHILDREN IN
FREMONT COUNTY

JACKSON
& EMMA
HILL



Throughout the Year



- ❑ Challenge for Charities
- ❑ Fall Bags & Beans
- ❑ Sponsor a Child during National Nursery Rhyme Week Nov. 16-20
- ❑ Week of the Young Child Purple Parade 5K Walk/Run
- ❑ Donations at www.cdsfc.org



**City of Riverton Contract for Services
Funding Request**



Name of Organization: Eagles Hope Transitions & Emergency Shelter

Contact Person: Michelle Widmayer

Address: 720 W. Main Street

City, State, Zip: Riverton, WY 82501

Phone Number: 307-851-6365

Email Address: eagleshope.transitions@gmail.com

Type of Organization: ☒ 501(c)3 ☐ Association ☐ Civic Group

☐ Other (school, etc.) Please explain _____

Number of Local Members: 8 Board Members

Number of Locally Impacted Individuals/Organizations: _____

Total Budget for Fiscal Year (including funding from the City of Riverton: _____

(Please attach your budget.)

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding sources) Please See Attached

Please donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of donations.) Please See Attached

Amount Requested: \$49,661.42

How will the funding be used to benefit the community? (if necessary, please attach no more than one sheet explaining how the funds will be used.) Please See Attached

Please list administrative overhead including salaries: (if necessary, please attach a detailed list.) _____

Please See Attached

Has the City of Riverton Funded your request in the past? ☒ Yes ☐ No

Please return this form, along with any supporting documentation to City of Riverton, Attn: Mia Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email: mharris@rivertonwy.gov.

8:08 AM

03/30/23

Accrual Basis

Eagles Hope Transition
Profit & Loss
January through December 2022

	Jan - Dec 22
Ordinary Income/Expense	
Income	
Grants	
City Service Grant	33,892.50
Total Grants	33,892.50
Total Income	33,892.50
Expense	
Employee Benefit	3,328.36
Insurance Expense	17,661.42
Utilities	31,864.33
Total Expense	52,854.11
Net Ordinary Income	-18,961.61
Net Income	-18,961.61

8:07 AM

03/30/23

Accrual Basis

Eagles Hope Transition Profit & Loss January through December 2022

	Jan - Dec 22
Ordinary Income/Expense	
Income	
Direct Public Support	
Business Contributions	20,306.22
FIB Donations	3,000.00
Fund Raiser Income	15,000.00
Individual Contributions	22,814.50
Total Direct Public Support	61,120.72
Grants	
City Service Grant	33,892.50
CSBG / Cares Act	50,214.23
CSBG Grants	85,808.20
Hunger Support	5,000.00
WyoGives	15,426.35
Total Grants	190,341.28
Program Income	
Rent	24,237.10
Thrift Store Income	586.00
Total Program Income	24,823.10
Total Income	276,285.10
Expense	
Advertising	322.96
Bank Service Chg	123.16
Books, Subscriptions, Reference	1,463.04
Cares Act Expenses	-575.00
Computer & Internet	527.07
Contract Services	
Accounting Fees	3,537.80
Contract Services - Other	1,550.00
Total Contract Services	5,087.80
Donation Expense	467.23
Employee Benefit	3,328.36
Fees & Licenses	153.75
Fuel Expense	175.52
Groceries / Food	24,744.46
Housing Expense	20,693.44
Insurance Expense	17,661.42
Membership dues	604.92
Office Supplies	1,595.53
Other Costs	4,667.68
Other Types of Expenses	
Property tax	361.88
Total Other Types of Expenses	361.88
Payroll Expenses	106,173.55
payroll tax expense	12,820.00
Repairs & Maintenance	12,435.11
Supplies	12,517.48
Travel and Meetings	
Conference, Convention, Meeting	185.00
Total Travel and Meetings	185.00
Utilities	31,864.33
Total Expense	257,398.69
Net Ordinary Income	18,886.41

8:07 AM

03/30/23

Accrual Basis

Eagles Hope Transition
Profit & Loss
January through December 2022

Net Income

Jan - Dec 22

18,886.41

Eagles Hope Transitions**Budget 2022****Expenses**

Operational Expenses	
Utilities	\$26,000.00
Internet & Phone	\$60,000.00
Total Utilites	\$32,000.00
Building Insurance	\$17,661.42
Repairs and Maintenance	\$12,500.00
Total Building Maintenance Expenses	\$30,161.42
Groceries	\$24,750.00
Resident Kits (UA test BA tubes	\$1,000.00
Supplies	\$12,500.00
Office Supplies	\$1,600.00
Postage	\$500.00
Total Groceries/Supplies	\$40,350.00
Contract Services	
Accounting Fees	\$3,500.00
Outside Countract Services	\$1,550.00
Total Contract Services	\$5,050.00
Emergency Rental/Utilities Assistance	\$20,700.00
Transportation	\$1,500.00
Total Emergency Services	\$22,200.00
Payroll Expenses	\$106,173.55
Payroll Tax Expense	\$12,820.00
Total Payroll Expense	\$118,993.55
Total Operational Budget	\$248,754.97

Eagles Hope Transitions & Emergency Shelter

Zero Tolerance

Eagles Hope Beginning:

A young homeless man with a gentle soul captured the hearts of local community members in 2013. He spent years living on the streets not believing in himself. When a group of individuals stepped in to help the homeless, he took the initiative to make his life better. For months, he was off the streets receiving treatment. Unfortunately, he was discharged in the middle of winter, he had no place to go except back into the environment he knew. He froze to death shortly after. Eagles Hope Transitions was founded in 2014 so individuals seeking a better life would have a safe transition back into the communities' mainstream. His legacy lives on and provides hope for others.

Mission Statement:

Eagles Hope Transitions is faith-based, non-profit organization, providing the opportunity for Fremont County residents to create and build new lives in order to transition back into their families and communities. Clients acquire knowledge, skills, and guidance to access and utilize available services to become healthy, productive members of Fremont County. Eagles Hope Transitions provides a safe and sober living environment that allows all patrons to maintain dignity, respect and develop long term personal and financial stability.

Emergency Shelter

We acquired the assets of the Fremont County Good Samaritan Center January 11, 2020.

We opened the Emergency Shelter August 20, 2020.

Emergency Shelter will observe Eagles Hope standards of maintaining abstinence from all substances. Upon admission clients will begin to do necessary work to obtain identification, employment or disability if applicable. We provide individuals with temporary housing for 6-8 weeks (at no cost to the individuals demonstrating the need for this service), while saving money to move to transitional housing providing our guests with a residence for up to two years while working towards permanent housing.

Capacity at the shelter due to both COVID-19 and staff was – 3 individuals

Most we have served at the shelter was 4.

We closed our Emergency Shelter in August of 2021 due to not having enough staff to keep it going 24hrs/day.

We are housing both emergency and transitional housing out of Eagles Hope Transitions.

Since August 2021, we have served emergency housing for 24 individuals and 17 families.

2022 Demographics

Served 103 in Emergency Housing

40% White

52% American Indian

8% Other

49% Male

51% Female

42% Successfully transitioned to Eagles Hope Transitions or other stable housing

Transitional Housing

121 Families Served

47% American Indian

43% White

46% Successfully transition out into the community

Eagles Hope Emergency Housing

We have two rooms that are designated for emergency housing.

Housing for up to 8 weeks without resident fees.

Guests are provided

Food for 3 meals a day

Hygiene kits

Laundry services

Bedding

Clothing

Case Management

Services Provided

3 Meals a day – Emergency

Laundry Services

Meetings –AA, NA, Wellbriety, Bible Studies

Parenting Classes

Financial Management Training, Job Readiness, and Life Skills classes

One Meal a day – Transitional

Hygiene and Clothing

Case Management

Housing unit

Homeless prevention

Transportation

Referrals

Emergency Shelter

103 individuals served

17,235 Services Provided

Transitional Housing

121 Families Served

17,905 services provided

Not Just a Shelter

We provide Homeless Prevention.

We provide utility and rental assistance to keep families in their homes.

In 2022, we helped 26 families with rental and utility assistance.

Vintage House Thrift Store

We provide work opportunities for our guests to improve their job and communication skills.

The Vintage House offers inexpensive clothing and household goods.

Any family in crisis receives clothing and supplies free.

Continuing our Mission:

We have provided services for 121 families. This also impacts 105 school aged children. These children have a stable environment with food provided to them. I have a standing waiting list 75 people and has been as high as 95 people. We try our best not to turn anyone away.

Success Rate:

Our overall success rate is 44%. If we are unable to help someone, we find resources that can. If someone is asked to leave, we find other resources that are more appropriate for them.

Amount Requested:

The \$49,661.42 would be used to go towards our utilities and property insurance for both properties.

My History Of Addiction And Support

My name is Devin Anderson and I am 38 years old. I grew up in a very happy household. Mostly my dad and step mother raised me. My parents were very traditional conservative. My father was a very high functioning alcoholic. He worked very hard 7 days a week and as children we wanted for nothing. Other than his health, years later, alcoholism did not have a negative effect on my life. Or so I thought, I really admired my father.

At around age 16, I started experimenting with alcohol and marijuana. By the time I was 18, I was mostly using alcohol and meth use was gaining speed. Alcohol from this point on will be in heavy use daily.

2009 I moved back to my hometown of Lander, where meth is a very big part of a lot of lives. I started using intravenously and mostly stuck to that. I have had a few hospitalizations because of my choices, but that did not stop me one bit. Nor did misdemeanor jail time, or having a brand-new baby girl. I thought I was doing well and could continue on this way. To put it short my combined alcohol and meth use made me a very unpredictable and paranoid person who was very easily and capable of violence.

2018, the inevitable happened. Shannon and I were visited by DFS and served a search warrant. We were arrested for possession of meth and felony child endangerment. As well as lost custody of our child.

These charges resulted in 3 years of probation, and in-patient treatment.

I was trying, but until I was actually in treatment, I was not able to completely remain substance free. The next 90 days were vital for me to get away, learn what treatment had to offer and let my thoughts clear up.

After treatment there was not much for me options wise. Lander would have put me back on the same path, eventually. I feel very fortunate and as if someone was looking out for me that Eagles Hope had an opening and that Michelle was able to take on Shannon and I's situation.

These next two years living at Eagles Hope were just as important for me as treatment was and now that I think about it, getting arrested in the first place. DFS was tremendously supportive as well.

Eagles Hope provided me the time, (which was the full two years of the program) and support I needed to learn how to live the way healthy people live. I was able to get my kid back and find stable employment. Up to this point my employment gap was multiple years.

Once Covid shut everything down, I was out of work. Again, someone was looking out for me because, Michelle at that time was trying to put a homeless shelter together. We talked and agreed that working for her on this project would be great for everyone. I have now been an employee of Eagles Hope coming up on three years in May. These three years have been as equally important as the previous years. Being able to give back and help my community is a huge part of recovery, and vital to staying on the right path.

If things would not have happened exactly as they have happened. I seriously doubt the degree of my success. I am very proud that the problems in my life currently are the same problems every normal person faces, and my daughter is a very happy little girl who does well in school. As well as Shannon and I are still very happy with each other for eleven years now.

Thank you and please continue your support,

Devin Anderson

4.5 years substance free

I WAS brought to Eagle Hope, the evening of July 27th 2022. By River-ton Police. I was homeless. Been living on the bike path for 4 days and nights, I felt lost and worthless. We meet Michele ~~at~~ their. As soon as I walked in the main building, I felt safe when through with all the paper work - BA and UA. They provided just about everything a person homeless need to start over. Food, hygienic things. The room has everything a person would need. IF you needed anything all you have to is ask. The staff is more than happy to help. There is AA classes, Pastor Doug comes once a week, which helps alot.

What Eagle Hope has did for me, Provided Shelter, Food and things to help. I finally dignity back, Self Worth. Also I can't forget Sober Living. I will probable need that the rest of my life, The staff here are caring - IF I needed anyone to talk to they were Always here. I just cannot say enough.

I ~~am~~ so Thankful Eagle Hope is here!

Jeff Helms
Room # 14

Letter of Support

Eagles Hope

To Whom it may concern,

My name is Devin Anderson, and I am asking for your support of Eagles Hope. Not only have I seen the direct positive influences on our community as an employee, I have also experienced them first hand. In 2019 I was fresh out of treatment and had very little options. Most of which, I'm sure, would have put back into my old ways. I was very fortunate that Eagles Hope existed and was able to provide me the resources I needed to be successful in my recovery and eventual re-introduction to society.

As an employee I have been very blessed to pass on my experiences and pay it forward to those going through similar problems. The success rate for addicts is very low, to me this is a sign that they are not getting enough help, as I am proof that success is possible. The resources in Fremont County are extremely limited and to my knowledge Eagles Hope is the only place that does what it does, and accepts people from all walks of life.

Your support for our organization is so badly needed. People's lives and well-being are at stake here. If Eagles Hope was no longer around, a very large chunk of our community will be affected.

Thank you for your time and consideration,

Devin Anderson



City of Riverton Contract for Services Funding Request



Name of Organization: Family & Community Support Team

Contact Person: Terri Hays

Address: 121 N 5th W

City, State, Zip: Riverton, WY 82501

Phone Number: 307-856-9407

Email Address: thays@fremont25.org

Type of Organization: ☐ 501(c)3 ☐ Association ☐ Civic Group
☒ Other (school, etc.) Please explain School

Number of Local Members: 5

Number of Locally Impacted Individuals/Organizations: Up to 40% of students, and some families

Total Budget for Fiscal Year (including funding from the City of Riverton: \$265,199.56

(Please attach your budget.)

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding sources) Donations and sale of surplus computers from FCSD #25

Please donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of donations.) Public donations and surplus for approx. \$10,000

Amount Requested: \$10,000

How will the funding be used to benefit the community? (if necessary, please attach no more than one sheet explaining how the funds will be used.) Provide individuals/families with financial assistance with housing (rent, deposits, hotel), utilities (past due payments, deposits), - continued next page

Please list administrative overhead including salaries: (if necessary, please attach a detailed list.) Our budget only covers administrative overhead

Has the City of Riverton Funded your request in the past? ☐ Yes ☒ No

Please return this form, along with any supporting documentation to City of Riverton, Attn: Mia Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email: mharris@rivertonwy.gov.

How will the funding be used to benefit the community? (continued)

food, transportation (fuel, vehicle repairs, insurance), child care (help with amounts not covered by DFS, helping with past due balances), obtaining valid ID's, application filing fees (ie. Cheyenne Housing Authority/Section 8), evaluation fees (ie. Substance abuse evaluation), hygiene items, clothes and shoes, bed rolls, school supplies, other expenses that affect their ability to gain/maintain employment and/or address student attendance and success, and unexpected roadblocks our individuals and families may encounter (ie. Parts to fix a furnace, house cleaning to remove lice for a mom to bring her newborn baby home).

Community and Family Support Team - ARP ESSER Budget

21	863	1267	113	000	513 Classified Wages	\$84,223.90
21	863	1267	213	000	513 Classified FICA	\$6,204.00
21	863	1267	223	000	513 Classified Retirement	\$12,583.00
21	863	1267	233	000	513 Classified Insurance	\$25,382.30
21	863	1267	133	000	513 Classified Overtime	\$1,000.00
21	863	1267	400	000	513 Supplies & Materials	\$2,500.00
21	863	1267	300	000	513 Purchased Services	\$5,000.00

21	863	3312	112	000	504 Other Certified Wages	\$66,734.28
21	863	3312	212	000	504 Other Certified FICA	\$4,837.92
21	863	3312	222	000	504 Other Certified Retirement	\$9,970.08
21	863	3312	232	000	504 Other Certified Insurance	\$19,264.08
21	863	3312	300	000	504 Purchased Services	\$25,000.00
21	863	3312	400	000	504 Supplies	\$2,500.00

Circles Fremont County

WHAT

community initiative
to assist families with
limited resources and
empower them

mission is to reduce
poverty throughout
Fremont County by
building bridges that
support individuals/
families on their
journey from surviving
to thriving

WHO

individuals or families
who want to establish
mentorship,
resources,
partnerships, and
eliminate barriers to
move into self-
sufficiency

or, looking for way to
volunteer in the
community, we have
several options to
offer

DEETS

once week meetings -
Tuesdays 5:45p-8p

participants can bring
their children

dinner provided for
families, volunteers,
staff

youth activities and
child care provided

ARE YOU UNDER EMPLOYED?

ARE YOU UNEMPLOYED?

CIRCLES MIGHT BE ABLE TO HELP YOU

1

How to make a budget



2

Identify barriers and make connections to resources



3

Individualized mentorship and coaching



4

Free dinner for you & your family, and on-site child care



5

Job readiness and connections



PROVEN OUTCOMES FOR
ECONOMIC STABILITY AND SAFETY

Circles Fremont County helping families move into prosperity

Terri Hays - 856.9407 or thays@fremont25.org

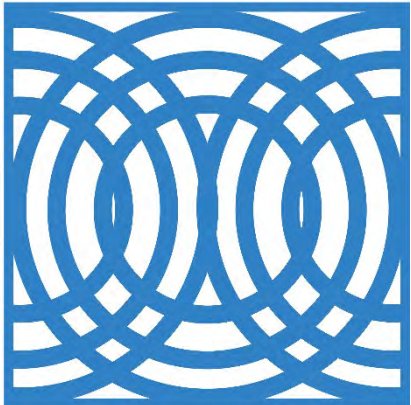
Family & Community Support Team

City of Riverton

Community Service Funding

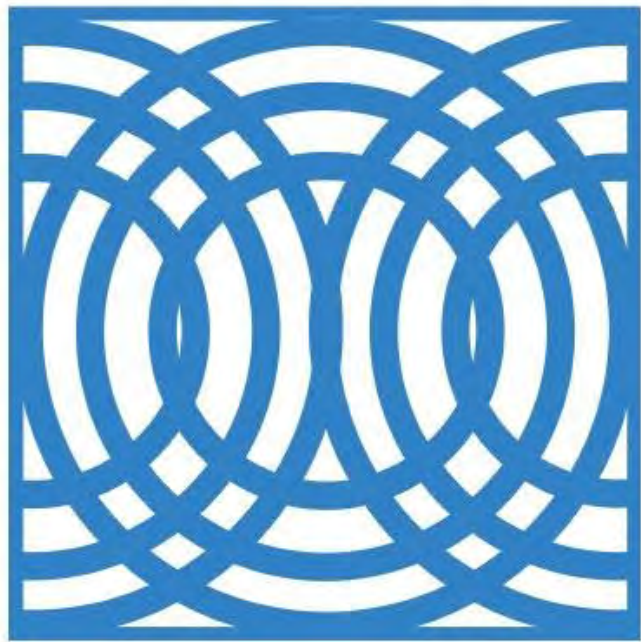
2023

CIRCLES®
Fremont County



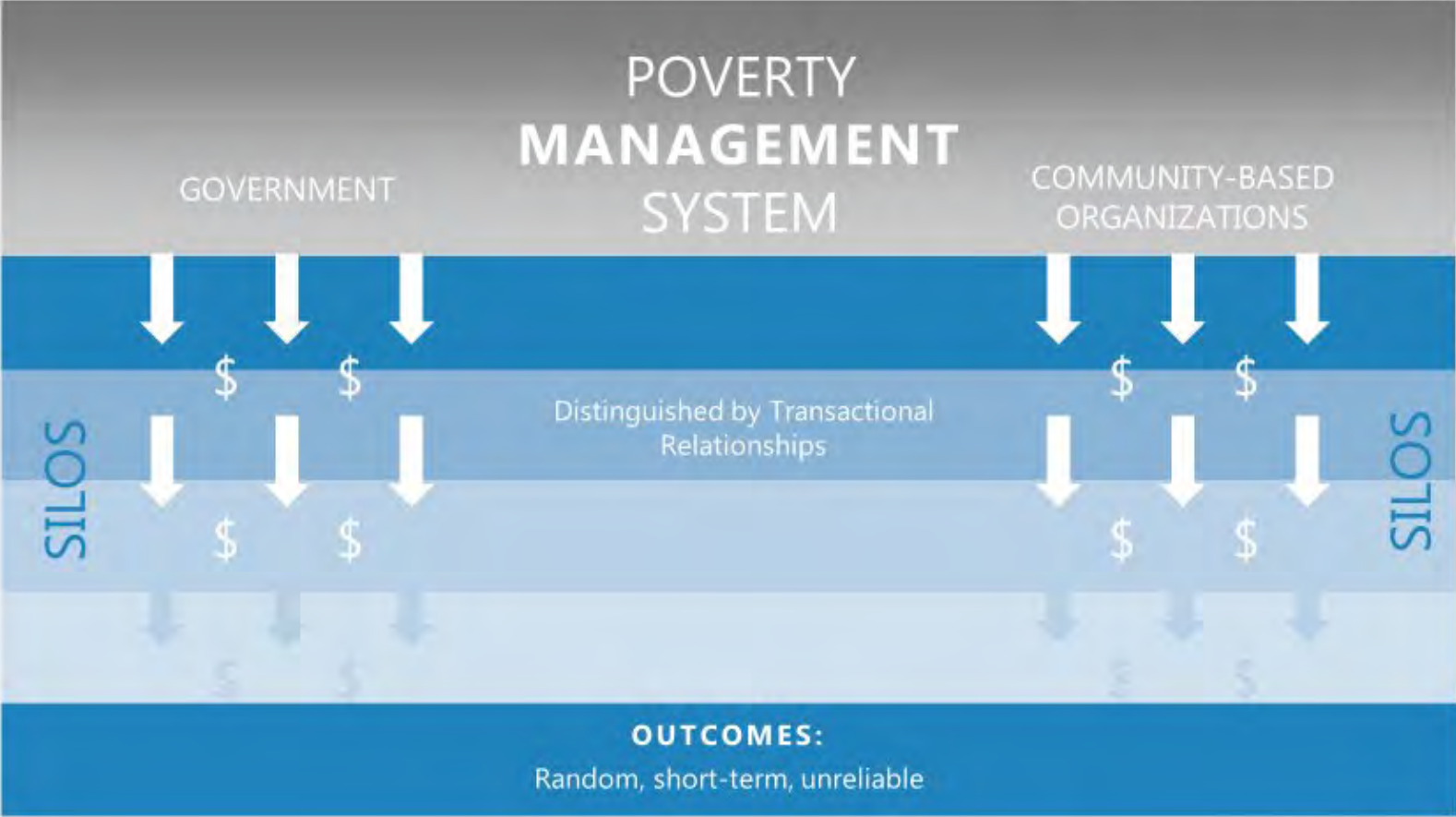
Building Community to End Poverty



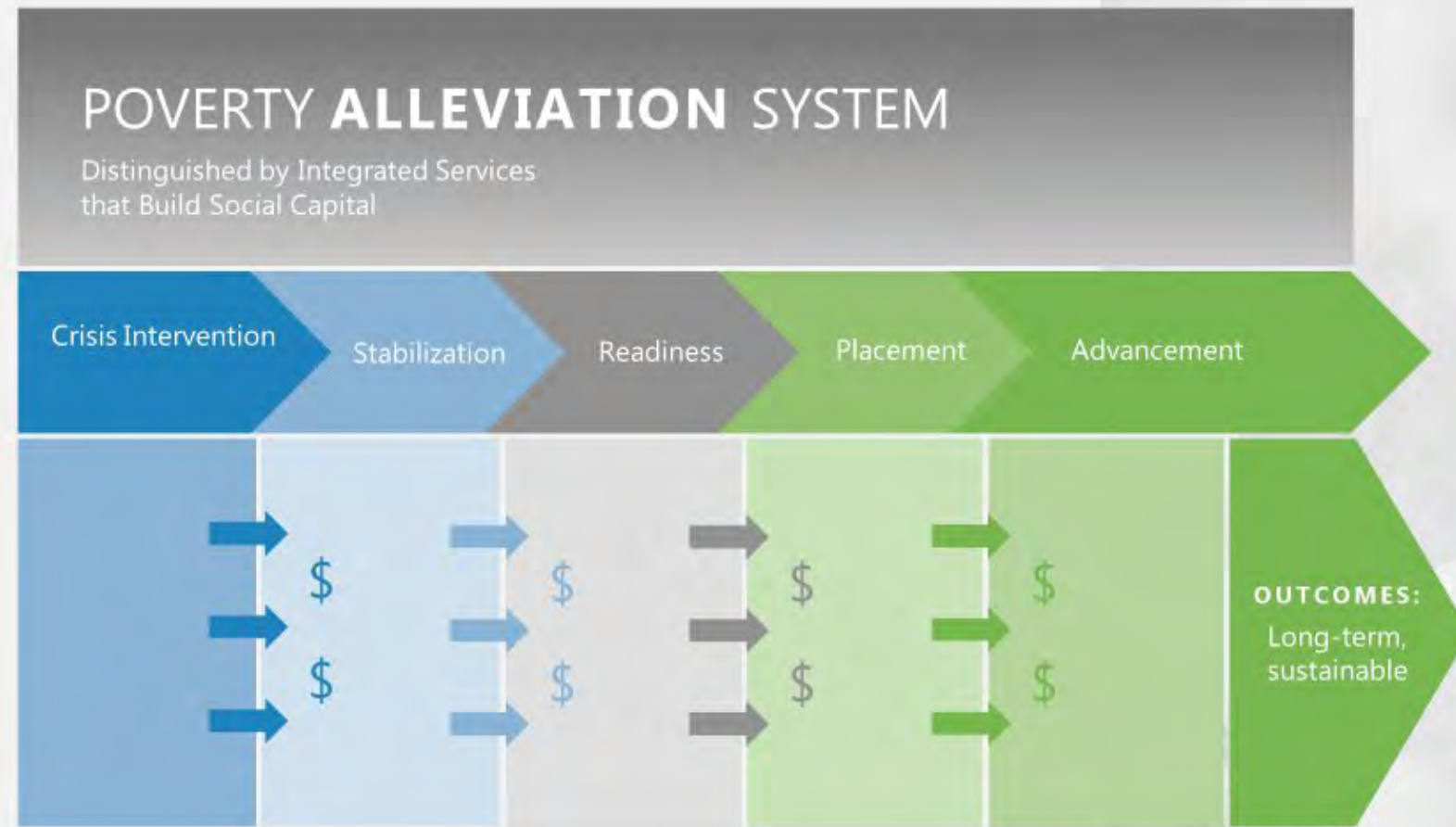


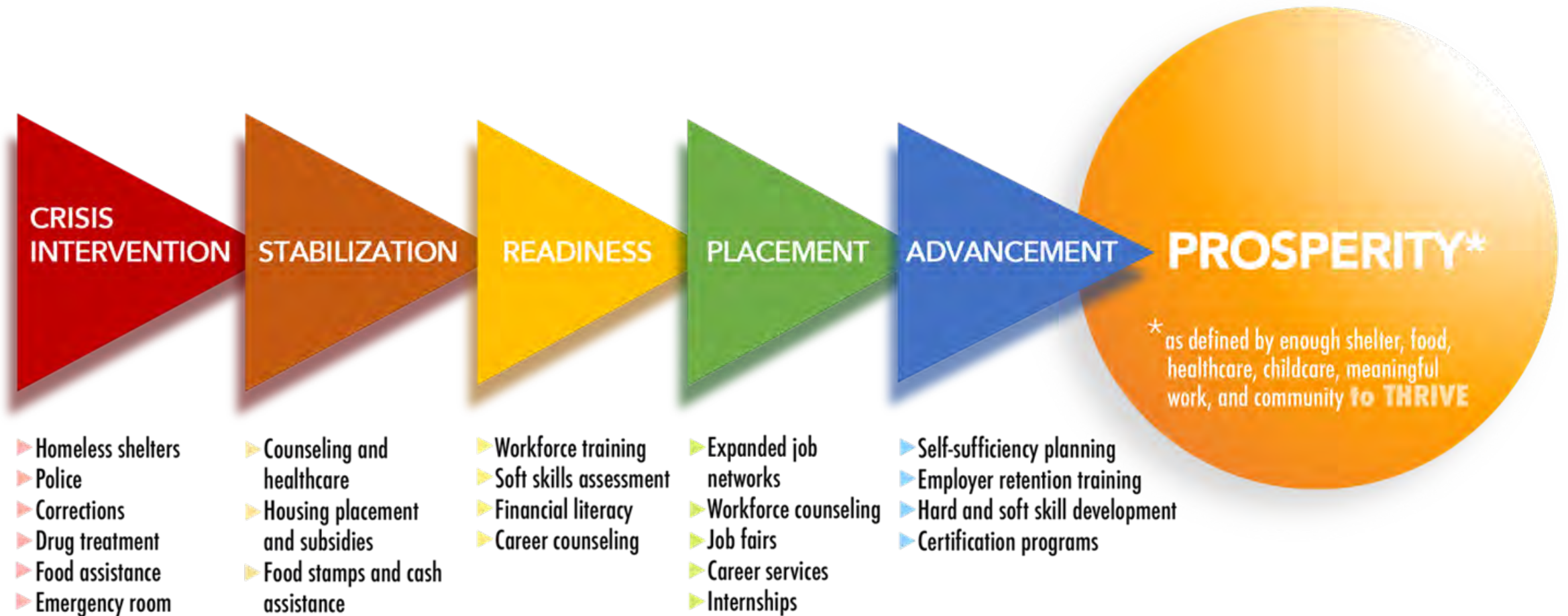
CIRCLES[®]
Fremont County
Building Community to End Poverty

CULTURE OF POVERTY



CULTURE OF PROSPERITY





WORK PATHWAYS

1



Hard Skills & Soft Skills

2



Credentials / Certification Requirements

3



Key Values

4



Non-negotiables

5



Income Line of Sight

6



Cliff Effect Mitigation Plans

7



Employee Support Programs

8



Poverty IQ



SYSTEM BARRIERS

1



Cliff Effect

2



Broadband Access and Technology

3



Online Applications for Employment and/or Services

4



Felonies

5



Rigid Bureaucracy

6



Cultural Differences and All the “ism s” (i.e., Racism ,
Sexism , Classism , etc.)

7



Low Poverty IQ of the Community, Policy Makers,
and Employers

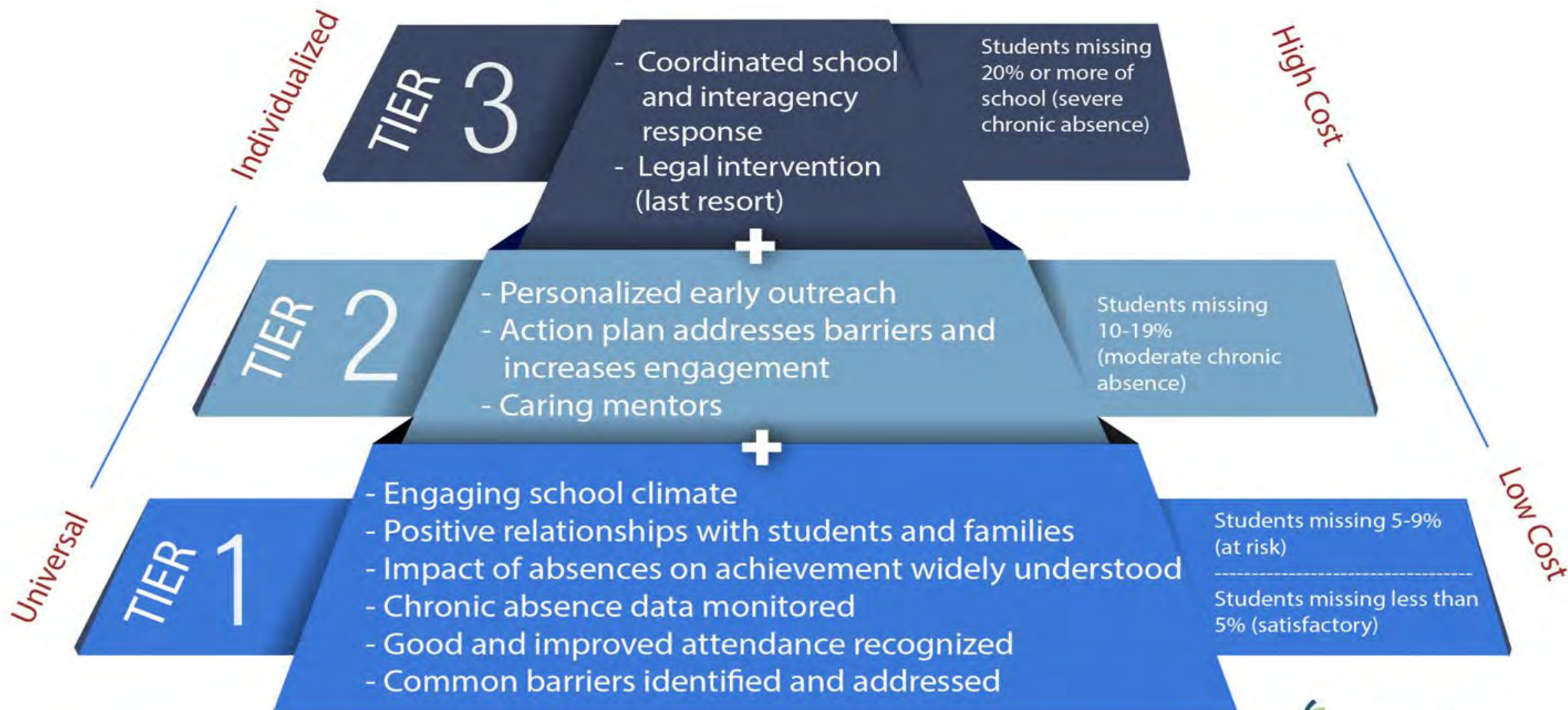




of the Community

- **Students**
 - Attendance
 - Barriers
 - Support
- **Families**
 - Advocacy
 - Outreach
 - Surveys
- **Community**
 - District Partnerships
 - Community Outreach Events
 - Shop Local
- **District**
 - Social Events
 - Team building
 - Education





Current School Year Attendance Numbers

- **Chronic Absence TIER 3 Interventions**
 - Missing 20% or more of school, unexcused
 - Currently 104 referrals for SY 22/23
- **Willfully Absent and Habitually Truant**
 - Willfully Absent: result of a parent's, guardian's, custodian's willful failure
 - Habitually Truant: any child who disobeys reasonable and lawful demands of the child's parent, guardian, custodian
 - So far this year there have been 289 referrals.

McKinney Vento

McKinney Vento (Homeless)

Supported by Title I-A Funds - 61 students currently identified as Homeless

The term "homeless children and youths"--

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes--

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

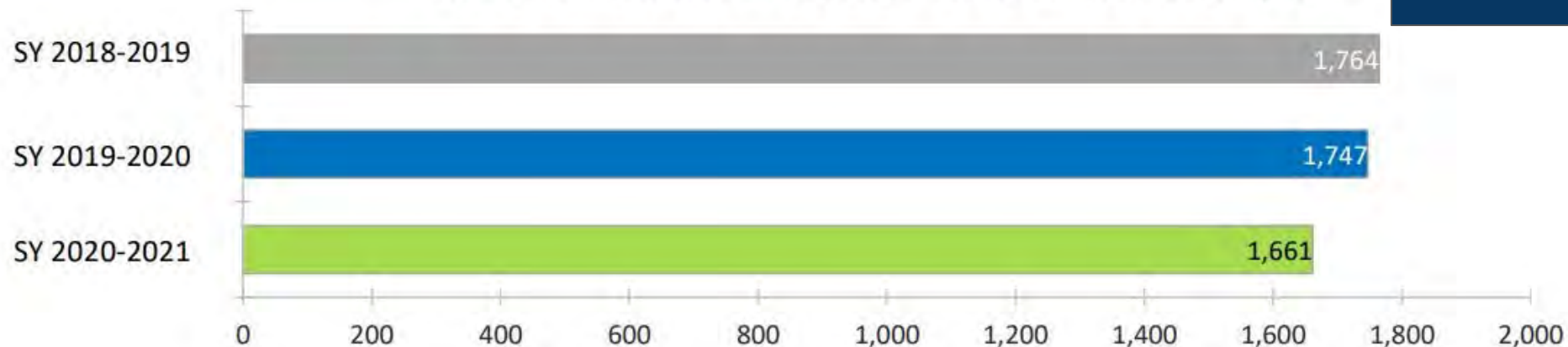
(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Wyoming McKinney Vento (Homeless) Data



Number of Homeless Children/Youth Enrolled in Public School by Year



Note: Includes all enrolled homeless children and youth in grades PK through 12. COVID-19 operations impacted the identification of eligible students. Please use the data with caution.

Percentage of homeless children/youth enrolled in public schools by type of primary nighttime residence			
<i>Percent of homeless children/youth enrolled in public schools who are:</i>			
	SY 2018-2019	SY 2019-2020	SY 2020-2021
Doubled-up (e.g., living with another family)	68.37%	67.49%	66.95%
Hotels/Motels	7.26%	8.82%	12.64%
Shelters, transitional housing	21.37%	21.24%	13.49%
Unsheltered (e.g., cars, parks, campgrounds, temporary trailer, or abandoned building)	3.00%	2.46%	6.92%

City of Riverton Contract for Services Funding Request



Name of Organization: Injury Prevention Resources

Contact Person: Noel Cooper

Address: 303 N. Broadway Ave.

City, State, Zip: Riverton, Wyoming 82501

Phone Number: 307-851-4070

Email Address: noelcooper@wyoming.com

Type of Organization: ☒ 501(c)3 ☐ Association ☐ Civic Group

☐ Other (school, etc.) Please explain _____

Number of Local Members: Not Applicable

Number of Locally Impacted Individuals/Organizations: 8,500 people and 26 local organizations

Total Budget for Fiscal Year (including funding from the City of Riverton: \$453,791.96

(Please attach your budget.)

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding sources) Attached

Please donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of donations.) Attached

Amount Requested: \$7,500.00

How will the funding be used to benefit the community? (if necessary, please attach no more than one sheet explaining how the funds will be used.) See attached

Please list administrative overhead including salaries: (if necessary, please attach a detailed list.) See attached

Has the City of Riverton Funded your request in the past? ☒ Yes ☐ No

Please return this form, along with any supporting documentation to City of Riverton, Attn: Mia Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email: mharris@rivertonwy.gov.

City of Riverton Services Funding Request Supporting Documents- FY2023-24

How will the funding be used to benefit the community?

City of Riverton Funding will be utilized to maintain and execute The Roadway Safety Education (RSE), Intensive DUI Supervised Probation (IDSP), and the Intensive DUI Monitoring Program (IDM) Programs. Public events will include a public Safety Rodeo Event (Safe Kids Day), and Child Car Seat Events. In addition, we will support High Visibility Enforcement events that include education relevant to seat belt safety, impaired driving awareness, and distracted driving awareness. RSE Events will be held at Riverton High School, Books and Breakfast, the Fremont County Fair, among other locations. Additionally, funding will be used for child car seats for low-income families, helmets for children, and other general expenses that are NOT covered by current grant agreements.

Virtual Roadway Safety Session will be conducted in addition to public events. IPR will regularly post Virtual Roadway Safety Sessions. Participants will be part of an online traffic safety experience compiled by IPR personnel, community volunteers, law enforcement, and various professionals demonstrating real world situations and information regarding roadway safety. Demonstration units such as Rollover Simulations, Seat Belt Convincers, Impaired Driving Sidne Carts, and crash videos will be utilized to depict the dangers of crashes. Videos will be an informational session discussing Wyoming traffic laws, best practices in seat belt usage, child car seat usage, driver distraction, designating a sober driver, not traveling with impaired drivers, reporting impaired drivers, etc.

In addition to the aforementioned activities court-ordered offenders and community members will be able to attend the Adult Alcohol Education Course in person, hosted by Injury Prevention Resources. The goal is to bring a panel of speakers to DUI offenders so they can consider the pain, suffering, cost, and danger that impaired driving cause's victims and the community. Guest speakers of the panel are volunteers that have had their lives changed forever as the result of an impaired driving crash. Panel speakers describe crash details and the long-term impact the alcohol related crash has held in their life. Impaired driving offenders, as ordered to attend by the court and probation agents, are the primary attendees along with offenders placed in Drug Court and Juvenile Treatment Court. However, the event is free to attend for non-court ordered community members. A report from the Fremont County Coroner's Office will also be reviewed with attendees detailing all traffic fatalities in Fremont County, including those on the Wind River Indian Reservation, which provides a clearer picture of the dangerous roadways in Fremont County and throughout our state.

These programs aim to reduce crashes, serious injuries, and fatalities on Wyoming roads by creatively spreading information regarding occupant protection and impaired driving. Additionally, programs will aim at the private sector to discuss agency policy changes that will help reduce serious injuries and fatalities on Wyoming roads, such as seat belt usage, hands-free phone usage, distracted driving deterrents, and impaired driving education. Our goal is to progressively educate residents within the City of Riverton within the scope of the programs previously detailed in this request for funding.

FY 2023-24 Budget and Expense (With Donation & Funding Sources)

Estimated Annual Expense Figures

Travel, Training, Conferences	
(5 Person @ \$100/month x 12 months)	\$ 6,000.00
Subscriptions/Memberships	\$ 7,500.00
Media Cost - Project Costs	\$ 35,000.00
Safety Rodeo	\$ 4,000.00
Monthly Expense x12 =	\$ 34,800.00
Annually Paid Expenses	\$ 33,275.00
Employer Salary Costs	
	\$ 333,216.96
IPR Annual Expense Total -	\$ 453,791.96

2023-24 Estimated Income Sources

Grant - RSE	\$ 210,100.00
Grant - DUIM/DSP	\$ 135,000.00
Grant - CSBG Low-Income	\$ 37,000.00
State Farm Foundation	\$ 5,000.00
City of Riverton	\$ 5,000.00
Community Comp & Donation	\$ 40,000.00
VIP Community Comp & Donation	\$ 4,500.00
Riverton District #25 Rec Board	\$ 4,000.00
Guardian Flight	\$ 2,000.00
Bailey's	\$ 1,500.00
Sage West Health Care	\$ 1,000.00
Total Estimated Income	\$ 445,100.00

2022-23 Income Sources

Budget and Expenses

Estimated Annual Expense Figures

Travel, Training, Conferences (5 Person @ \$100/month x 12 mos)	\$ 6,000.00
Subscriptions/Memberships	\$ 7,500.00
Media Cost - Project Costs	\$ 55,000.00
Safety Rodeo	\$ 4,000.00
Monthly Expense x12 =	\$ 34,800.00
Annually Paid Expenses	\$ 33,275.00
Employer Salary Costs	\$ 311,181.48
IPR Annual Expense Total -	\$ 451,756.48

2022-23 Estimated Income Sources

Grant - TSE	\$ 200,100.00
Grant - DUIM/DSP	\$ 145,200.00
Grant - CSBG Low-Income	\$ 37,000.00
State Farm Foundation	\$ 5,000.00
City of Riverton	\$ 5,000.00
Community Comp & Donation	\$ 40,000.00
VIP Community Comp & Donation	\$ 4,500.00
Riverton District #25 Rec Board	\$ 4,000.00
Guardian Flight	\$ 5,000.00
Bailey's	\$ 1,500.00
Sage West Health Care	\$ 1,000.00
Total Estimated Income	\$ 448,300.00

2021-22 Income Sources

Grant- Traffic Safety Events-	\$ 200,100
Grant DUI Mon/DSP -	\$ 145,200
Grant CSBG Low-income -	\$ 46,000
State Farm Foundation-	\$ 6,000
City of Riverton	\$ 5,000
Community Comp. & Donation	\$ 35,000
VIP Community Comp. & Donation	\$ 4,500
Riverton District #25 Rec Board	\$ 1,000
Conoco Phillips	\$ 2,000
Bailey's	\$ 1,500
Sage West Health Care	\$ 1,000

Total: **\$ 447,300**

Overall Employer & Employee Salary Cost Breakdown- FY2023-24

Salary Cost to Employer	Overall Employer Cost Per Employee	Employee Hourly Wage	Percentage of Grant Share
E.D - \$59,000 x 16% employer cost + \$0 annual Insurance	\$ 68,400.00		
Noel - \$68,400/2080 hours Annually = \$32.91 hourly		\$28.40	(75% RSE, 25% IDM/IDSP)
DUIM - CSBG -\$47,000 x 16% employer cost + \$8,930 annual Insurance	\$ 63,450.00		
Dawn - \$63,450/2080 hours Annually = \$30.51 hourly		\$22.60	(100% IDM/IDSP)
Clerical Asst. - \$26,600 x 16% employer cost + \$0 annual Insurance	\$ 30,856.00		
OPEN \$30,856.00/1456 hours annually = \$21.19 hourly		\$18.27	(100% RSE)
P.A.S- \$40,000 x 16% employer cost + \$0 annual Insurance	\$ 46,400.00		
Ben \$46,400/2080 hours annually = \$22.31 hourly		\$19.23	(75% RSE, 25% IDM/IDSP)
RSE Coord. \$38,000 x 16% employer cost + \$8,930 annual Insurance	\$ 53,010.00		
Andy \$53,010.00/2080 hours annually = \$25.49 hourly		\$18.27	(100% RSE)
DSP Agent 43,000 x 16% employer cost + \$15,075.48 annual Insurance	\$ 64,955.48		
Nichole \$64,955.48/2080 hours annually = \$31.23 hourly		\$18.27	(100% IDM/IDSP)
Total	\$ 327,071.48		

City of Riverton Contract for Services Funding Request



Name of Organization: Juvenile Justice Services of Fremont County (Youth Services)

Contact Person: Cassie Murray and Hattie Calvert

Address: 814 S. Federal Blvd.

City, State, Zip: Riverton, WY 82501

Phone Number: 307-349-3141 / 307-857-3627

Email Address: cassie.murray@fremontcountywy.gov / hattie.calvert@fremontcountywy.gov

Type of Organization: ☐ 501(c)3 ☐ Association ☐ Civic Group

☒ Other (school, etc.) Please explain _____

Number of Local Members: Nine (9) County employees

Number of Locally Impacted Individuals/Organizations: See attached yearly data sheet.

Total Budget for Fiscal Year (including funding from the City of Riverton: See attached budget sheet.

(Please attach your budget.)

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding sources Please see the attached funding sources and months. (Grant Summary)

Please donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of donations.) N/A

Amount Requested: 35,000.00

How will the funding be used to benefit the community? (if necessary, please attach no more than one sheet explaining how the funds will be used.) Please see attached funding benefit.

Please list administrative overhead including salaries: (if necessary, please attach a detailed list.) _____
Please see attached funding benefit.

Has the City of Riverton Funded your request in the past? ☒ Yes ☐ No

Please return this form, along with any supporting documentation to City of Riverton, Attn: Mia Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email: mharris@rivertonwy.gov.

Juvenile Justice Services of Fremont County

Cassie Murray
Executive Director



City of Riverton Fund Benefit

March 31, 2023

The funds received from the City of Riverton are utilized for the Riverton Youth Services Probation Officers salaries and benefits as we continue to provide the following services;

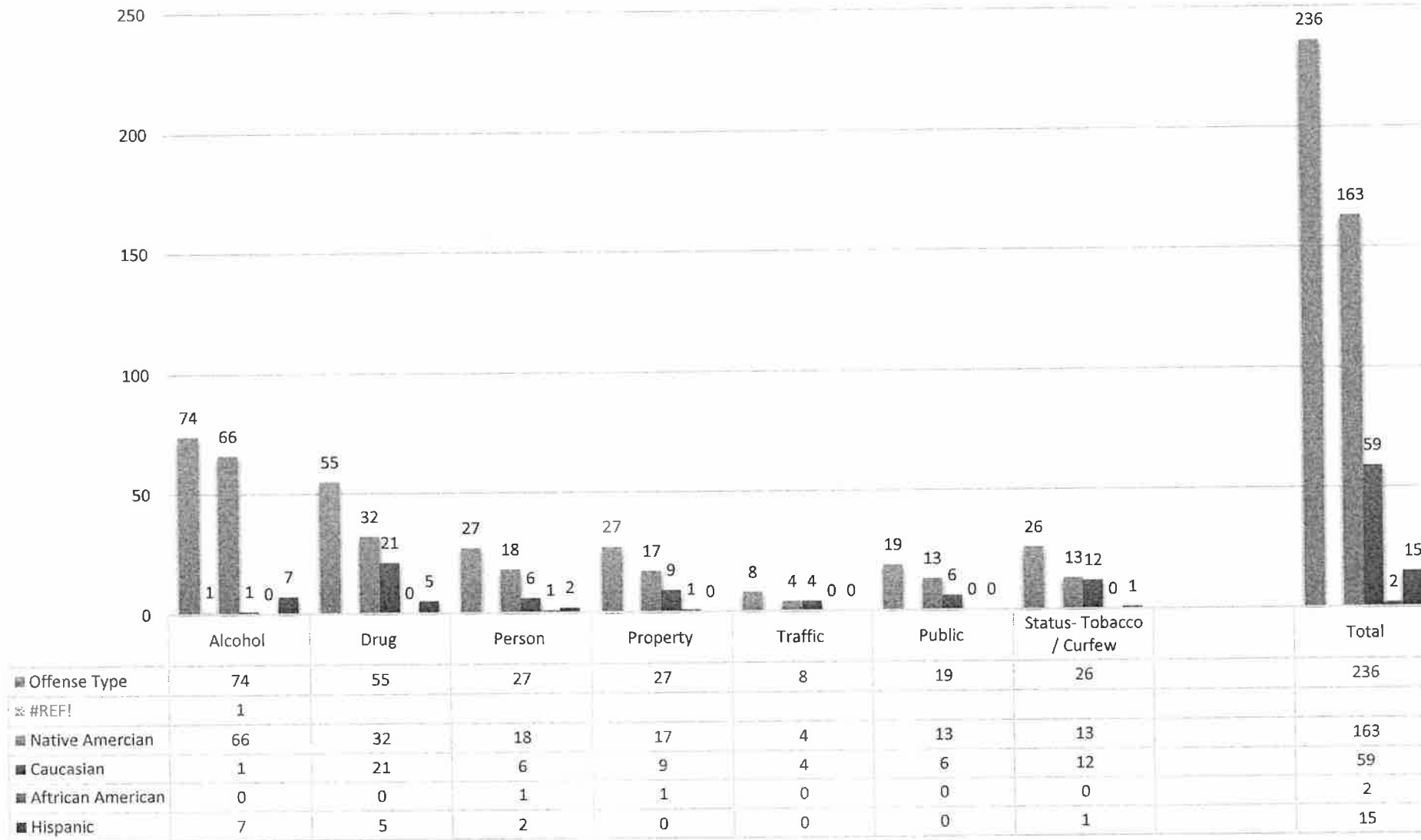
- In-depth intake interview and assessment of needed services for every juvenile cited in Fremont County
 - After completing the intake interview Youth Services provides disposition recommendations to the Fremont County Attorney's office.
- Drug and/or alcohol urinalysis screening,
 - On-site drug screens are conducted on a random basis for all juveniles who have known or indicated involvement with drugs and/or alcohol
 - Screens are provided, free of charge, at the request of parent/guardians of juveniles residing in Riverton who have no juvenile justice involvement
- Ankle monitoring (GPS and alcohol monitoring),
 - Youth Services collaborates with Injury Prevention Services to provide non-secure detention alternatives at the rate of \$18 per day.
- Moral Reconciliation Therapy
 - Evidence based cognitive behavior therapy,
- Shoplifting classes,
- Restorative Justice conferences,
- Wyo10 Day Reporting Center,
- Tobacco Cessation and Education,
- 24 hour on-call services for law enforcement,
- Law enforcement training,
- Data collection for all Juveniles cited and/or arrested in Fremont County,
- Community Service Projects and collaboration.

In addition to the above services provided, we are one of few agencies in Fremont County who accept practicum and intern students from Central Wyoming College and the University of Wyoming. This is a benefit to the City of Riverton because we provide on the job training as well as other training benefits. Utilizing this partnership allows students to have job experience

in an effort to increase their employment opportunities and continue to provide Riverton with the best employment pool as possible.

The City of Riverton has collaborated with Youth Services of Fremont County since 1994. We appreciate and are grateful for the ongoing support of our program as well as the Juveniles in our community. We value this partnership and continue to provide the City of Riverton with evidence based, quality Juvenile Justice Services.

**Juvenile Justice Services of Fremont County
City of Riverton Data
07.01.2022 - 03.28.2023**



City of Riverton

2022-2023 = \$26,000.00
7.5% of total Youth Services Budget

Total

7.50% City of Riverton Allocation

Hattie

232-2-2320-51130	SALARIES	4,508.58	0.075	338.14
232-2-2320-52210	HEALTH & LIFE INSURANCE	1,576.00	0.075	118.20
232-2-2320-52220	SOCIAL SECURITY	320.84	0.075	24.06
232-2-2320-52240	WORKERS COMPENSATION	68.93	0.075	5.17
232-2-2320-52250	WYOMING RETIREMENT	524.25	0.075	39.32
		6,998.60	0.075	524.90

Sage

232-2-2320-51130	SALARIES	4,194.00	0.075	314.55
232-2-2320-52210	HEALTH & LIFE INSURANCE	1,576.00	0.075	118.20
232-2-2320-52220	SOCIAL SECURITY	202.23	0.075	15.17
232-2-2320-52240	WORKERS COMPENSATION	57.37	0.075	4.30
232-2-2320-52250	WYOMING RETIREMENT	330.45	0.075	24.78
		6,360.05	0.075	477.00

Karen

232-2-2320-51130	SALARIES	3,906.92	0.075	293.02
232-2-2320-52210	HEALTH & LIFE INSURANCE	1,576.00	0.075	118.20
232-2-2320-52220	SOCIAL SECURITY	251.86	0.075	18.89
232-2-2320-52240	WORKERS COMPENSATION	70.38	0.075	5.28
232-2-2320-52250	WYOMING RETIREMENT	454.29	0.075	34.07
		6,259.45	0.075	469.46

Total

232-2-2320-51130	SALARIES	12,609.50	0.075	945.71
232-2-2320-52210	HEALTH & LIFE INSURANCE	4,728.00	0.075	354.60
232-2-2320-52220	SOCIAL SECURITY	774.93	0.075	58.12
232-2-2320-52240	WORKERS COMPENSATION	196.68	0.075	14.75
232-2-2320-52250	WYOMING RETIREMENT	1,308.99	0.075	98.17
		19,618.10	0.075	1,471.36
			0.075 operating costs	16,624.08
				9,375.92 see financial statement

The above listed staff provide services to Riverton Juveniles who have been cited and referred to Youth Services as reported in the funding request.

CHART OF ACCOUNTS WORKSHEET - FYE 2023
DEPT: Youth Services
[back to instructions](#)

-\$4,691 Good Job! You are under budget for the current year

Account Number	Account Title	FYE 2020 Full Year Actuals	FYE 2021 Full Year Actuals	FYE 2022 Budget	FYE 2022 Actuals thru December	FYE 2022 Estimated Jan-June	FYE 2022 Projected thru end of year	FYE 2022 Projected Diff. from Budget	FYE 2023 Initial Budget Request	FYE 2023 Diff. from FYE 2022	FYE 2023 Approved Budget	NOTES Please make notes especially if the amounts are significantly different than last year.
100-2-1223-43170	FEDERAL INDRCT OPERATING GRANT	\$0	\$12,407	\$0	\$0	\$21,000	\$21,000	\$21,000	\$0	\$0	\$0	
100-2-1223-43490	STATE OPERATING GRANT	\$55,387	\$47,963	\$0	\$0	\$28,000	\$28,000	\$28,000	\$53,292	\$53,292	\$53,292	CJSB was restored and we will request funding. The request is listed and will be submitted on May 14, 2022.
100-2-1223-43985	LOCAL GOVT OPERATING	\$33,000	\$30,000	\$50,000	\$37,500	\$12,500	\$50,000	\$0	\$56,000	\$6,000	\$56,000	Additional requested funds from the Lander and Riverton Municipalities.
100-2-1223-44350	MISCELLANEOUS FEES	\$12,670	\$17,035	\$0	\$25		\$25	\$25	\$15,000	\$15,000	\$15,000	The Day Reporting Center will continue to bill the FCSD's and the Department of Family Services.
100-2-1223-44400	REIMBURSEMENTS	\$0	\$0	\$0	\$0		\$0	\$0		\$0	\$0	
100-2-1223-44564	WRITE OFF ACCOUNTS RECEIVABLE	\$0	\$0	\$0	\$0		\$0	\$0		\$0	\$0	
100-2-1223-48380	PRIVATE GRANTS FOR OPERATIONS	\$0	\$5,000	\$0	\$0		\$0	\$0		\$0	\$0	
100-2-1223-48890	OTHER MISC REVENUES	\$0	\$0	\$0	\$0		\$0	\$0		\$0	\$0	
100-2-1223-49230	TRANSFER FR JUVENILE JUSTICE	\$0	\$0	\$0	\$0		\$0	\$0		\$0	\$0	
100-2-1223-49650	TRANSFER FR HEALTH PLAN	\$0	\$0	\$0	\$0		\$0	\$0		\$0	\$0	
	REVENUE TOTALS	\$101,057	\$112,405	\$50,000	\$37,525	\$61,500	\$99,025	\$49,025	\$124,292	\$74,292	\$124,292	
								-\$49,025		-\$74,292	\$124,292	
100-2-1223-51130	SAL SUPERS/MISC/CLERICAL	\$194,783	\$179,390	\$197,524	\$99,594	\$99,086	\$198,680	\$1,156	\$196,726	-\$798	\$196,726	Requested Salary adjustments are based on SOC's, reaching their goals and/or have moved on the scale.
100-2-1223-52210	HEALTH & LIFE INSURANCE (INTRA	\$72,822	\$74,240	\$89,010	\$42,287	\$37,034	\$79,320	-\$9,690	\$83,280	-\$5,730	\$83,280	Increased benefits due to salary adjustment request.
100-2-1223-52220	SOCIAL SECURITY-EMPLOYER	\$14,613	\$12,984	\$15,111	\$7,096	\$7,106	\$14,202	-\$909	\$15,050	-\$61	\$15,050	
100-2-1223-52230	UNEMPLOYMENT CLAIMS	\$0	\$10,560	\$0	\$880		\$880	\$880		\$0	\$0	
100-2-1223-52240	WORKERS COMPENSATION	\$4,032	\$2,993	\$4,287	\$2,161	\$2,150	\$4,311	\$24	\$6,591	\$2,304	\$6,591	
100-2-1223-52250	WYOMING RETIREMENT	\$24,765	\$21,975	\$24,691	\$12,449	\$12,386	\$24,835	\$144	\$24,591	-\$100	\$24,591	
100-2-1223-61408	DRUG TESTING	\$2,642	\$2,718	\$2,000	\$9	\$1,991	\$2,000	\$0	\$3,000	\$1,000	\$3,000	
100-2-1223-61484	PROGRAM DEVELOPMENT	\$6,167	\$5,090	\$2,000	\$2,390	\$1,200	\$3,590	\$1,590	\$4,000	\$2,000	\$4,000	
100-2-1223-65234	SERVICE AGREEMENTS	\$0	\$0	\$2,600	\$0	\$2,600	\$2,600	\$0	\$0	-\$2,600	\$0	
100-2-1223-65458	RENTALS (INTRA)	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	
100-2-1223-69110	ADVERTISING-OTHER	\$1,343	\$250	\$250	\$0		\$0	-\$250		-\$250	\$0	
100-2-1223-69214	CONTRACTUAL SERVICES	\$10,307	\$2,542	\$4,000	\$1,315	\$2,686	\$4,001	\$1	\$3,500	-\$500	\$3,500	
100-2-1223-69250	DUES, SUBSCRIPTIONS	\$582	\$179	\$0	\$143		\$143	\$143	\$0	\$0	\$0	
100-2-1223-69550	MISC. SERVICES & CHARGES	\$25	\$1,195	\$0	\$106	\$1,089	\$1,195	\$1,195		\$0	\$0	
100-2-1223-69710	TELEPHONE	\$4,252	\$2,956	\$0	\$2,225		\$2,225	\$2,225		\$0	\$0	
100-2-1223-69720	TRAINING SEMINARS	\$0	\$576	\$500	\$0	\$500	\$500	\$0	\$500	\$0	\$500	
100-2-1223-69730	TRAVEL EXPENSE	\$1,048	\$0	\$1,200	\$0	\$1,200	\$1,200	\$0	\$1,200	\$0	\$1,200	
100-2-1223-75210	GENERAL OFFICE SUPPLIES	\$3,647	\$1,502	\$1,500	\$251	\$1,249	\$1,500	\$0	\$1,500	\$0	\$1,500	
100-2-1223-75211	PRINTED OFFICE SUPPLIES	\$0	\$0	\$0	\$0		\$0	\$0		\$0	\$0	
100-2-1223-75214	POSTAGE	\$182	\$607	\$400	\$288	\$112	\$400	\$0	\$400	\$0	\$400	
100-2-1223-75216	COPIER SUPPLIES	\$0	\$0	\$0	\$0		\$0	\$0		\$0	\$0	

CHART OF ACCOUNTS WORKSHEET - FYE 2023
DEPT: Youth Services
[back to instructions](#)

-\$4,691 Good Job! You are under budget for the current year

Account Number	Account Title	FYE 2020 Full Year Actuals	FYE 2021 Full Year Actuals	FYE 2022 Budget	FYE 2022 Actuals thru December	FYE 2022 Estimated Jan-June	FYE 2022 Projected thru end of year	FYE 2022 Projected Diff. from Budget	FYE 2023 Initial Budget Request	Diff. from FYE 2022	FYE 2023 Approved Budget	NOTES Please make notes especially if the amounts are significantly different than last year.
100-2-1223-75224	VEHICLE FUEL	\$3,140	\$2,641	\$2,500	\$1,898	\$602	\$2,500	\$0	\$2,500	\$0	\$2,500	
100-2-1223-75228	COMPUTER SUPPLIES	\$736	\$0	\$1,200	\$0	\$500	\$500	-\$700	\$1,200	\$0	\$1,200	
100-2-1223-75610	EQUIPMENT LESS THAN \$1000	\$3,395	\$856	\$1,000	\$0	\$500	\$500	-\$500	\$1,000	\$0	\$1,000	
100-2-1223-75802	EDUCATIONAL PROGRAMS	\$0	\$0	\$0	\$0		\$0	\$0		\$0	\$0	
100-2-1223-85003	MACHINERY & EQUIP > 1,000	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	
100-2-1223-85005	OFFICE FURNITURE > 1,000	\$1,567	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	
100-2-1223-85006	COMPUTER SOFTWARE > 1,000	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	

CHART OF ACCOUNTS WORKSHEET - FYE 2023
DEPT: Youth Services
[back to instructions](#)
-\$4,691 Good Job! You are under budget for the current year

Account Number	Account Title	FYE 2020 Full Year Actuals	FYE 2021 Full Year Actuals	FYE 2022 Budget	FYE 2022 Actuals thru December	FYE 2022 Estimated Jan-June	FYE 2022 Projected thru end of year	FYE 2022 Projected Diff. from Budget	FYE 2023 Initial Budget Request	Diff. from FYE 2022	FYE 2023 Approved Budget	NOTES Please make notes especially if the amounts are significantly different than last year.
100-2-1223-96100	TRANSFER TO GNL FUND	\$0	\$0	\$0	\$0		\$0	\$0		\$0	\$0	
100-2-1223-96211	TRANSFER TO JUV DET EQUIP	\$0	\$0	\$0	\$0		\$0	\$0		\$0	\$0	
100-2-1223-96230	TRANSFER TO JUVENILE JUSTICE	\$0	\$0	\$0	\$0		\$0	\$0		\$0	\$0	
	EXPENDITURE TOTALS	\$350,047	\$323,254	\$349,773	\$173,091	\$171,990	\$345,082	-\$4,691	\$345,038	-\$4,735	\$345,038	
							\$345,082	-\$4,691		-\$4,735	\$345,038	

REVENUE TOTALS:	\$101,057	\$112,405	\$50,000		\$99,025		\$124,292		\$124,292
EXPENDITURE TOTALS:	\$350,047	\$323,254	\$349,773		\$345,082		\$345,038		\$345,038

SALARY AND BENEFIT WORKSHEET - FYE 2023

DEPT: Youth Services

[back to instructions](#)

				51100	E	Over budget contact Michelle or Julie				Clerical	0.52%		Y	NO	\$0		
				51110	D					Hazard	3.35%		N	PTY	\$300		
FT					51120					C	Museum	1.00%	Retiree	18.62%	FTY	\$372	
PT					51130					S	Fair	3.18%	Law Enforce	11.50%	PT	\$11,745	
NO									7.65%	Library	0.28%	Public Empl	12.50%	FT	\$20,820		
Select FT / PT / NO BENEFITS	% of wage in this Dept	Employee Name	Job Title	Select Salary Acct	FYE 2022 Annual Base Salary TOTAL all departments	FYE 2022 Annual Base Salary by % this Dept.	FYE 2023 Proposed Base Salary TOTAL all departments	FYE 2023 Proposed Base Salary by % this Dept	Social Security & Medicare	Select Workers Comp Code	Workers Comp	Select Wyoming Retirement Plan	Wyo Retirement	Health Insurance Waived?	Health Insurance	Total Employee Cost	
FT	100.00%	CALVERT, HATTIE	JUVENILE PROBATION OFFICER	S	\$50,328	\$50,328	\$54,103	\$54,103	\$4,139	Hazard	\$1,812	Public Empl	\$6,763		\$20,820	\$87,637	
FT	0.00%	MURRAY, CASSIE	DIRECTOR	S	\$67,500	\$0	\$72,563	\$0	\$0	Hazard	\$0	Public Empl	\$0		\$0	\$0	
FT	100.00%	GOFF, SAGE	DIRECT SERVICES	S	\$43,612	\$43,612	\$50,328	\$50,328	\$3,850	Hazard	\$1,686	Public Empl	\$6,291		\$20,820	\$82,975	
FT	100.00%	KEELE, KAREN B.	JUVENILE PROBATION OFFICER	S	\$43,612	\$43,612	\$46,883	\$46,883	\$3,587	Hazard	\$1,571	Public Empl	\$5,860		\$20,820	\$78,721	
FT	100.00%	STOUDT, SALLY A	JUVENILE PROBATION OFFICER	S	\$43,612	\$43,612	\$45,412	\$45,412	\$3,474	Hazard	\$1,521	Public Empl	\$5,677		\$20,820	\$76,904	
						\$0		\$0	\$0		\$0		\$0			\$0	
						\$0		\$0	\$0		\$0		\$0			\$0	
		Sub Totals			\$248,664	\$181,164		\$196,726	\$15,050		\$6,590		\$24,591		\$83,280	\$326,237	
		OT Total						\$0	\$0		\$0		\$0		\$0	\$0	
		Holiday Total						\$0	\$0		\$0		\$0		\$0	\$0	
		Grand Total			\$248,664	\$181,164	\$0	\$196,726	\$15,050		\$6,591		\$24,591		\$83,280	\$242,958	

ELECTED OFFICIAL SALARIES	\$0
DEPUTY SALARIES	\$0
CLERK/DISPATCHER SALARIES	\$0
SUPERVISOR/CLERICAL SALARIES	\$196,726

Grant Summary - Proposed FY 2023-2024

Youth Services

	Grant Name	Begin Date	End Date	ward Amou	No. of FTEs	Status	Purpose of Grant
1.	Community Juvenile Service Board	7/1/2023	6/30/2024	\$53,292		Granted	Juvenile Justice Services will provide intakes, recommendations, data collection, etc. on all juveniles cited in Fremont County. Non-secure detention options including the Fremont County Group Home, Inc./Ankle monitoring, and DRC. This funding was placed back with the Department of Family Services and our agency was awarded this amount for this fiscal year.
2.	General Fund Fremont County Government - Revenue not grant	7/1/2023	6/30/2024	\$221,746		Requested	Juvenile Justice Services is fiscally supported by the Fremont County Board of County Commissioners.
3.	City of Riverton	7/1/2023	6/30/2024	\$35,000		Requested	We are requesting funding to provide more supports for juveniles who have been cited within the City of Riverton. While our numbers are a slight decrease from last year at this time, we anticipate a spike in the numbers of citations and more time spent by Juvenile Justice providing services to juveniles and families. There has been a significant increase in substance related citations which requires more supervision and drug testing.
4.	City of Lander	7/1/2023	6/30/2024	\$35,000		Requested	We are requesting funding to provide more supports for juveniles who have been cited within the City of Lander. While our numbers are a slight decrease from last year, we anticipate a spike in the numbers of citations and more time spent by Juvenile Justice providing services to juveniles and families. There has been a significant increase in substance related citations which requires more supervision and drug testing.
TOTAL				\$345,038			

City of Riverton Contract for Services Funding Request



Name of Organization: Legion Post 19 Riverton Raider's Baseball

Contact Person: Brady Patrick

Address: PO Box 6217

City, State, Zip: Riverton, WY 82501

Phone Number: 3078505544

Email Address: raiderslegionpost19board@gmail.com

Type of Organization: ☒ 501(c)3 ☐ Association ☐ Civic Group
☐ Other (school, etc.) Please explain _____

Number of Local Members: 30

Number of Locally Impacted Individuals/Organizations: 300

Total Budget for Fiscal Year (including funding from the City of Riverton: \$59,600.00

(Please attach your budget.)

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding sources) Registration fees, sponsorships, and donations

Please donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of donations.) 2022-\$55,750.00 2021-48,575.00 Registrations and donations from

Fremont County Businesses

Amount Requested: \$7,500.00

How will the funding be used to benefit the community? (if necessary, please attach no more than one sheet explaining how the funds will be used.) See attached

Please list administrative overhead including salaries: (if necessary, please attach a detailed list.) _____

Coaches and Umpires receive a salary, however no administrative costs attached to this project

Has the City of Riverton Funded your request in the past? ☐ Yes ☒ No

Please return this form, along with any supporting documentation to City of Riverton, Attn: Mia Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email: mharris@rivertonwy.gov.

Legion Post 19 Riverton Raider's Baseball Request for Community Service Funding

The Legion Post 19 Riverton Raider's Baseball program is an established Legion Baseball program in the City of Riverton. The Raider's philosophy is to mentor and encourage success of young men and women in the Riverton and Fremont County area, providing them with life skills and work ethic to help them succeed as adults. The Raider's program relies on community donations, sponsorships, grants, concession revenue, and player registration fees to operate a successful program. Currently, the Raider's host teams from all over Wyoming and surrounding states for games and tournaments. These games and tournaments bring youth, coaches, parents, and supporters to the Riverton area, while supporting the Riverton community by eating at restaurants, staying in motels, and frequenting local businesses.

The Raider's baseball complex is becoming dated, especially the concession stand. The program has secured grants to update the bleachers and field in the upcoming season and look forward to an opportunity to update the concession stand. As you know, concessions are a huge part of the overall experience at any baseball game and especially at a Raider's game. The Raider's program is requesting funding in the amount of seven thousand five hundred dollars (\$7,500.00) to remodel and update the concession stand. The funding would be used for countertops, cabinets, and a sink to store and prepare food (estimated \$1500.00). A new refrigerator will be added, along with a commercial ice maker (estimated at \$6000.00). The ice maker will not only benefit home games and be used to fill ice bags for injuries, but will also save costs of icing coolers for road games.

Updating the concession stand with the above listed items will allow the Raider's program to sell additional items and provide an overall better experience to local and travelling fans and players. This will in turn create additional revenue for the program for years to come.

Thank you for your consideration and Go Raiders!

2023 Riverton Raiders Budget

EXPENSES

Coaches salary	\$15,000.00
Umpires salary	\$17,000.00
Insurance for vans and complex	\$7,000.00
Lodging	\$6,000.00
Fuel	\$6,000.00
Vehicle maintenance	\$1,500.00
Field/Complex maintenance	\$1,700.00
Office expenses	\$300.00
Pest control	\$420.00
Water/Gatorade/ice	\$800.00
Baseballs	\$1,000.00
Uniforms	\$1,000.00
Concessions	\$2,000.00
<u>TOTAL EXPENSES</u>	\$54,720.00

INCOME

Registration/sponsorship	\$30,600.00
Donations/fundraising	\$8,000.00
Concessions	\$8,000.00
Carry over from 2022	\$13,000.00
<u>TOTAL INCOME</u>	\$59,600.00

City of Riverton Contract for Services
Funding Request



Name of Organization: Paws for Life Animal League

Contact Person : Brittani Martin

Address: PO Box 1178 Physical- 515 S Smith Rd

City, State, Zip: Riverton , Wy 82501

Phone Number: 307-857-6002

Email Address: Pawsofriverton@gmail.com

Type of Organization: X 501(c)3 _____ Association _____ Civic Group _____ Other (school, etc.) Please explain _____

Number of Local Members: 5 Volunteer Board Members

Number of Locally Impacted Individuals/Organizations: Entire Community

Total Budget for Fiscal Year (including funding from the City of Riverton: \$240,000 (Please attach your budget.)

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding sources

Please donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of donations.)

Amount Requested: \$75,000

How will the funding be used to benefit the community? (if necessary, please attach no more than one sheet explaining how the funds will be used.)

Please list administrative overhead including salaries: (if necessary, please attach a detailed list.)

Has the City of Riverton Funded your request in the past? X Yes _____ No

**Please return this form, along with any supporting documentation to City of Riverton,
Attn: Mia Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email:
mharris@rivertonwy.gov.**

Paws for Life City Funding Request 2023

Please list other funding sourcing and amounts:

Paws for Life Animal League derives a significant percentage of its funding from a variety of fundraisers conducted throughout the year. The most important of these has been the Paws and Pearls which is our signature event. Paws and pearls had brought in over \$50,000 in previous years but is now consistently only netting us around 40,000 and \$45,000 or a little more per year. To help offset the decline we were invited again this year to be a part of the Jordans Way fundraiser in March, where we earned a little over \$5,000 this year. It was an online fundraiser throughout our facebook page that people from all over the state could donate to our shelter. We had 2 teams that were made up of board members, shelter staff and community members that volunteered to help. Our kennel sponsorships allow individuals or businesses to sponsor a cat or dog kennel for an entire year. These are often renewed so they have become consistent, although a small source of income. We have partnered with Smith's Rewards, Woof Trax and Chewy that allows customers to specify that a specific amount of their purchases come to us. The income that these businesses bring in isn't much but is becoming more reliable and consistent the more the community learns about these options. Other sources of income include craft fairs, Day in the Park, paint nights, yard sales the county Fair, and our newest fundraiser "Furbaby", a shower that allows people to come and socialize puppies and kittens, eat lunch, fill out applications in interested animals, and games for the children.

Our second source of funding is Program Income. This is money we have received from running the animal shelter and includes adoption fees as follows: dogs \$125, puppies \$150, Honor Farm Dogs \$175, cats \$50, and kittens \$75, reclamation fees (varies), and licenses: \$10 - \$50. We typically average \$35,000 - \$40,000 per year from this line item. We also take a limited number of dogs from Fremont County via the Sheriff's Department and charge a set fee for this service per our Memorandum of Understanding with the Sheriff's Department.

Our most important source of funding is from the City of Riverton. We could not continue to manage the shelter without your support. While we do our best to minimize expenses, some of them, such as vet costs, bags of food and payroll, are beyond our control. It simply costs money to care for our animals and maintain the facility on a daily basis.

Donations are also a significant portion of our budget and are discussed in the next section.

Please list donation sources and amounts from the prior 2 years: Donations vary from year to year and come from various sources. Some people give money in excess of the adoption fee for their new best friend. Some also give more when reclaiming their impounded animal as a thank you for keeping their pet safe. Some people have also chosen to donate the deposit fee when coming back to register for a city license. Memorials in memory of someone who is deceased are also common as is people who donate spontaneously at the stores, at other events, or who drop a check in the mail to help us out. We also receive non-monetary donations in the form of food, cat litter, and cleaning products especially during the Christmas season when we have our giving trees at local businesses. These donations help lessen our overall cash outlay.

How will the funding be used to benefit the community? The Paws for Life Riverton Animal Adoption Center is where animals without homes end up. Some are with us for only a short time as in the case of a dog that gets out of its yard, is brought to the shelter and then reclaimed by its owner. Most animals remain with us for longer periods of time until they can be adopted or transferred to other shelters for adoption. The community benefits from not having stray animals wandering the streets. It is safer for them as well as for the people they may encounter while they are loose. During their stay with us, we feed and otherwise care for every animal in the shelter. We typically spend money on food, cat litter, puppy pads, vaccinations, vet appointments, and cleaning supplies. We employ a shelter manager and kennel staff on our payroll. All are essential to taking care of the animals or working to make sure we can adopt as many as possible out. Medical treatment is provided when necessary and we also vaccinate, deworm, microchip and spay/neuter all animals who are adopted from us. We believe in doing our part to reduce the animal overpopulation plaguing our community. Communities are often judged on how they care for stray animals. Paws for Life has managed the Riverton Animal Adoption Center for the last nineteen years this July. During that time we have found permanent homes for thousands of animals. Just this period from April 1st, 2022 to March 31st, 2023 we have taken in and rehomed almost double the amount of animals. We no longer euthanize for space, only for severe illness or uncorrectable behavior issues after they have tried to be corrected through the honor farm training program. We make many of our dogs more adoptable through our Honor Dog program in partnership with the Wyoming Honor Farm.

With funding granted by the City of Riverton to Paws for Life Animal League, we plan to use the allocated funds to make living conditions better, and improve the shelter's functionality . This includes looking into a new bath station to wash all impounded dogs as soon as they come in and then continue to bathe any animals that stay with us over any period of time to make them more marketable to the public eye. A common wash tub is nearly 450 dollars. In order to support a new bathing tub a 75 gallon hot water heater is going to be a necessary addition, not only to provide enough hot water for the tub but also to wash dishes, and support other appliance use. This addition has been quoted for nearly 2,500 dollars. Many of the inside and outside dog kennels are in major need of repairs. Doors are falling off and the chain link that encloses the kennels has been damaged, causing animals to be harmful to themselves and even escape in some instances. To replace the outside of kennels it will cost an additional 4,000 dollars and the interior kennel doors are quoted around 2,000 just for materials. For the safety of the animals, staff, volunteers and visitors, it's imperative to make these repairs in the foreseeable future.

The Board of Paws for Life is proud of our shelter and the work we have done to make it a positive place, a place that people feel comfortable visiting, and most of all for the difference we have made in the lives of animals who have no one else to speak for them. We are also proud of our staff and the numerous volunteers and community members who contribute so much to the shelter. We are so grateful to the City of Riverton for the trust you place in us and your continued support.

Please list administrative overhead including salaries: We currently have a total of eight employees, 7 of which are kennel staff earning between \$7.50 and \$10.25 per hour. Our Shelter Manager had an annual salary of \$28,800. While we could not operate the shelter without our staff, we also have a large sum of volunteers that help with kennel cleaning, fundraising events and other activities that benefit the shelter and its animals. It should also be mentioned the Paws for Life board is entirely volunteer based.

Paws for Life 2023/2024 Budget

Income

City Funding	\$40,000
County Funding	\$5,000
Donations	\$70,000
Program Income	\$40,000
Special Events Income	
Craft Fairs	\$2,000
Day in the Park	\$1,000
Wine Tasting	\$55,000
Miscellaneous Fundraisers	\$25,000
Kennel Sponsorships	\$2,000
Total Income	\$240,000

Expenses

Building Maintenance, Facilities, Equipment	\$4,000
Accounting Fees	\$1,000
Fundraising	\$20,000
Operations	
Office Supplies	\$2,000
Telephone, Communications	\$1,500
Supplies (food, litter, cleaning)	\$30,000
Insurance	\$3,000
Payroll Taxes	\$30,000
Payroll Expenses	\$85,000
Storage Locker	\$500
Vehicle	
Gas	\$1,500
Insurance	\$1,000
Maintenance	\$500
Vet Services	\$60,000
Total Expenses	\$240,000



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Master Paws® 6' x 5' Galvanized Chain
Link Kennel Gate
6X5 KENNEL GATE PANEL
SKU: 1711672
Model #: 1711672

22

\$1,517.78

\$69.99/each

- Select How To Get It -

Remove



Master Paws® 6' x 10' Galvanized Chain
Link Kennel Panel
6X10 KENNEL PANEL
SKU: 1711674
Model #: 1711674

24

\$2,399.76

\$99.99/each

- Select How To Get It -

Remove

Order Summary

Merchandise Subtotal: \$3,917.54

Pretax Subtotal \$3,917.54

By purchasing today you save \$430.93 with mail-in rebates! ⓘ

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Your Shopping Cart

Please verify and/or choose the delivery destination and shipping for each product before proceeding through the checkout.



Master Paws® 6' x 5' Galvanized Chain
Link Kennel Gate
6X5 KENNEL GATE PANEL
SKU: 1711672
Model #: 1711672

28

\$1,931.72

\$69.99/each

- Select How To Get It -

Remove

Master Paws® 6' x 10' Galvanized Chain
Link Kennel Panel has been removed from
your shopping cart.

Undo

Order Summary

Merchandise Subtotal: \$1,931.72

Pretax Subtotal \$1,931.72

By purchasing today you save \$212.49 with mail-in rebates! ⓘ



Visit the VEVOR Store

★★★★★ 47

VEVOR Dog Grooming Tub, 38" Left Pet Wash Station,
Professional Stainless Steel Pet Grooming Tub Rated 180LBS
Load Capacity, Non-skid Dog Washing Station Comes with Ramp,
Faucet, Sprayer and Drain Kit



Style: Left Door

Left Door

\$649.99

In Stock

Right Door

\$649.99

In Stock

City of Riverton Contract for Services Funding Request



Name of Organization: R Recreation

Contact Person: Mary Axthelm

Address: 2660 Peck Avenue

City, State, Zip: Riverton, WY 82501

Phone Number: 307-855-2015 (o) 307-840-2726 (c)

Email Address: maxthelm@cwc.edu

Type of Organization: ☐ 501(c)3 ☐ Association ☐ Civic Group

☒ Other (school, etc.) Please explain College/Community Rec Provider

Number of Local Members: 2 Fulltime staff + 31 part time, seasonal staff

Number of Locally Impacted Individuals/Organizations: over 5000 citizen served, 51 organizations

Total Budget for Fiscal Year (including funding from the City of Riverton: \$203,000

(Please attach your budget.)

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding sources) District 25 Recreation Board: \$40,000 for Summer Academy program.

Central Wyo College federal indirect services inkind (facility, HR, IT support, etc): \$43,000

Please donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of donations.) District 25 Recreation Board: \$36,000 for Summer Academy + \$4000 for Tonkin

Ice Saking Rink annual improvement and equipment.

Amount Requested: \$135,000

How will the funding be used to benefit the community? (if necessary, please attach no more than one sheet explaining how the funds will be used.) Please see attached letter

Please list administrative overhead including salaries: (if necessary, please attach a detailed list.) _____

Please see detailed budget provided and attached

Has the City of Riverton Funded your request in the past? ☒ Yes ☐ No

Please return this form, along with any supporting documentation to City of Riverton, Attn: Mia Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email: mharris@rivertonwy.gov.

RECREATION

CENTRAL Wyoming COLLEGE

Pro Tech Building, Room COTC 140, 2660 Peck Avenue, Riverton

855-2015 or 855-2190

On October 1, 2008 the City of Riverton contracted with Central Wyoming College to begin providing community recreational programming and services to the citizens of Riverton with an initial contract of \$145,000 per year. 'R' Recreation operated on that same contractual amount for eight years until the 10% budget cut received in 2016 and another 15% fund reduction in 2018. The costs associated with running a quality community recreation program have increased steadily throughout these years, and never more quickly than this past year, but we aim to continue serving our community at the high level we always have. We respectfully request your consideration that our fiscal year 2023-24 funding remain at the 2022 requested amount of \$135,000.

Our goals for operation of the City of Riverton's recreation program include the following:

- Continue to expand services to the community by providing easy access for registration. We consistently serve over 5000 residents per year through all our contact with the community and our various partnerships.
- Continue to evaluate programs for gaps and expand offerings to meet needs from toddlers to seniors. We want something for every age! It is our goal to increase the availability of community events with a focus on the families (movies in the park, mother-daughter spa nights, community bingo, My Family & Me series).
- Continue to expand the recreational offerings, which include athletic offerings and leagues, arts, crafts, hobbies and other forms of enrichment activities. We want something for every person in our community!
- Continue to successfully coordinate and implement the Summer Academy program in the month of June. We consistently receive nearly 1000 registrations in this program each summer.
- Continue to be a "clearinghouse" for registration and information for other recreational offerings in our community for other non-profit organizations.
- Continue to maintain the high quality of recreation programs by providing professional, experienced and qualified staff, coaching and officiating. This is always a significant expense.
- Continue to keep the costs of our program offerings reasonable and affordable to all our residents despite any socio-economic barriers.

'R' Recreation fulfills a mission to strengthen our community and contribute to economic development. Our goal is to enrich the lives of all Riverton residents by providing affordable, diverse, recreational and cultural opportunities. It has been our privilege to provide this service for the City of Riverton. Thank you for making our goals a reality for our community.

Mary Axthelm
'R' Recreation Director

Ady Applin
Recreation Activities Coordinator

Date Requested:

Transferred By:

Budget Number:

Date Transferred:

Transfer from Department: CREDIT		
Item:	GL Account Number:	Amount:
1	20-210-310260-5210	
2	20-210-310260-6180 Revenue Fees	\$28,000.00
3	20-210-310260-7721	\$175,000.00
4	City of Riverton \$135,000	
5	Riverton Rec Board \$40,000	
7		
TOTAL:		\$203,000.00
Transfer To Department: DEBIT		
Item:	GL Account Number:	Amount:
1		
2	20-210-310260-8210 ProStaff	\$52,000.00
3	20-210-310260-8310 Class Staff	\$38,000.00
4	20-210-310260-8320 Instruct/Assist	\$11,027.00
6	20-210-310260-8610 Retiremt	\$8,000.00
7	20-210-310260-8620 FICA	\$8,000.00
8	20-210-310260-8630 Health Ins	\$14,420.00
9	20-210-310260-8632 Workers Comp	\$450.00
10	20-210-310260-8633 Disability	\$350.00
	20-210-310260-8680 Benefit Other	
11	20-210-310260-9110 Supplies	\$12,000.00
12	20-210-310260-9219 Other Service	\$8,200.00
13	20-210-310260-9221 Profess Fees	\$3,953.00
15	20-210-310260-9362 Advertising	\$10,000.00
16	20-210-310260-9415 Telephone Service	\$600.00
	20-210-310260-9438 Transfer Other Servcs	
17	20-210-310260-9437 Transfer Summer Academy	\$36,000.00
TOTAL:		\$203,000.00
Explanation: Set up Recreation for Riverton Program Budget FY2023		

Approved:

Budget Manager Signature

Date

Approved:

Director of Finance/Dean of Administrative Services Signature

Date

Selection: Business Office Services

Subject: Change Funds

Please attach all supporting documentation i.e.: purchase orders, budget details, emails, and memos, and RETURN TO THE BUSINESS OFFICE. Thank you.



2023 ANNUAL FUNDING REQUEST



OUR MISSION STATEMENT

The 'R' Recreation Mission is to strengthen our community and enrich the lives of all Riverton residents by providing affordable and diverse recreational, physical and cultural opportunities with a focus on families, youth development and building healthy communities.

We are one of the most well known social and economic pieces in Riverton. We connect people within our community to one another and serve EVERY one in our community.



REGISTRATION NUMBERS

In the past year 'R' Recreation served a total of...

- 4725 community members
- Over 200 class offerings

2022 Summer Academy:

- 73 classes
- 788 enrollments on limited classroom space.
 - *We'll have nearly twice the space in 2023*

Our website www.rrecreation.com is the most frequented link on the Central Wyoming College website.

Riverton has a lot of wonderful people that need opportunities for their families and it is an honor to continue serving them and growing our program.

Funding History

- 2006 City of Riverton funded their Recreation department with an approximately \$300,000 budget line item.
- 2008 'R' Recreation was contracted and funded by the city at \$145,000 annually
- 2022 'R' Recreation was contracted and funded by the city at \$135,000

The residents of Riverton have often expressed how grateful they are for our extended programming!

THANK YOU!

Thank YOU!

‘R’ Recreation is one of the few requestors that does not have another governing agency or additional financial support.

The City of Riverton IS our governing agency and sole funder.

‘R’ Recreation was created for the City!

***It is our privilege to serve this community and represent the
City of Riverton.***



PARTNERSHIPS – THE KEY TO SUCCESS

We focus on forming partnerships with other community organizations for a variety of our enrichment programs:

**Wyoming Game and Fish
Riverton Branch Library
Riverton Aquatic Center
CATS Children Center
Small Business Development
Riverton Youth Soccer
Riverton Girls Fastpitch Softball
Riverton Little League Baseball
Riverton AAU Volleyball
Riverton Junior Football League
Riverton USA Wrestling
Riverton Swim Club
Riverton Adult Softball
Riverton Girls Scouts of America
CWC Community Education**

**Hot Note, Cool Nights
Fremont Area Road Tour
Progressive Taekwondo
Room to Dance Studio
Iron Works Gym
Riverton Country Club
Riverton Raiders Baseball
Riverton High School Athletics
Central Wyoming College Athletics
Central Wyoming College Campus Security
Barry Cinemas
Life Essentials, LLC
Main Street Dance
Fremont County School District 25
District 25 Recreation Board**

Here's What Our Community Says...

"I appreciate the variety of programs offered from R Rec. There's something for everyone! I have taken several cooking classes through R Rec and, while I consider myself an experienced cook, I always learn something new! And I love the age span these cooking classes attract...sometimes you'll have 3 generations working side by side. It's lovely! Kenna's HIIT class is outstanding. Whether you're a fitness guru or just starting out, Kenna creates an environment that's welcoming for all fitness levels." -JA

"We love RRec and what they do for the community." -KP

"I am not sure what I would be doing with myself if I hadn't found R Rec!! The programs/classes are top notch & Mary is spectacular! The variety of opportunities that are available is tremendous. I have never been disappointed or wished I hadn't signed up for something.

All I do know is that if Riverton loses this program, it would be tragic." -MG

"R Rec is an AMAZING organization! I love having something to do in this small town different from going to the bar or casino. I participate in the Volleyball League now and participated in so many different things when I was younger. It is such an important part of our community!" -MM

"The R Rec staff does a great job of running the programs." -RT

"This is a wonderful program and covers so many things for all walks of life in our community. I only play in a few things but thoroughly enjoy participating. From my experience Mary and Ady do a great job of setting activities up and keeping everyone informed as best as possible. They make it easy to have a great time." -JH

"RRec has meant so much to my boys. In this smaller town they always need things to do. We've had wonderful experiences with RRec sports." -KP

"R Rec is such a vital part of our community, it gives our kids the opportunity to participate in many different activities while also providing support for our local youth sports." -TW

"The classes and opportunities that are offered through RRec have been so much fun for my family. It's such a great way to try things or have your children try things to see if you'll like them without being committed for a long season. I will continue to support what RRec had to offer." -SW

"It is an essential part to the quality of life in our community." -KM

"I've been participating in the rec volleyball games on Monday nights for the past few seasons. I love it! I think it's a great thing that the city puts together and I appreciate the time and effort that goes into organizing it. Thanks again for all you guys do!" -AB

"What a great activity that people of all ages can participate in! Pickleball has been around for many years but just recently seems to have grown in popularity around the country and I'm so thankful for the possibility to play with others in Riverton through RRecreation! It has been so enjoyable and win or lose everyone is so supportive and helpful in learning this game." -PN

"I wanted to start by saying thank you for all the amazing events that this program puts on! We LOVE R-Recreation! There is such a fun variety of activities and events that they put on for our community and our children. We have enjoyed a soccer camp, a treasure hunt, and we are looking forward to the upcoming basketball camp. My son still talks about how much he loved learning about soccer. The amount of detail, organization, and thought that went into the treasure hunt was astounding! All of the kids that participated had so much fun. It is easy to see what a positive impact R-Recreation has on our community. The activities are both enjoyable and affordable! Thank you R-Recreation for your hard work, dedication, and creativity!"-EO

"We love the r-rec programs. They are educational, fun and great things for families to do. They are well organized. There is something to do for all ages and lots of different interests. I hope we can continue to have these great programs for our community and at an affordable price. I loved the classes around the holidays to get you in the spirit." -SP

"I am writing to tell you that the R Recreation has been absolutely amazing for my family. My kids as well as myself have enjoyed participating in many of the activities. The staff is always so kind and caring. Without this program our community would suffer. We are truly blessed to be able to participate in all that they offer." -TA

Riverton is very lucky to have such an amazing organization that offers such a broad variety of opportunities, at affordable prices to the community. As an instructor, I hear people state how much they enjoy participating in group activities all year round. As a participant I enjoy evening offerings and all things related to health and wellness. Also, it's great to have such amazing instructors in our community who are willing to share their knowledge.

Also, just a personal thank you to Mary and Ady.....you girls are AWESOME! I REALLY appreciate working with you both. -KS

R Recreation is a tremendous asset to the youth of our community. They always provide an amazing variety of structured programs and with every program a warm welcome to kids of all different levels and ages. Additionally, my kids have been fortunate to experience the summer academy courses, where they are inspired and get to express their creativity in a learning environment in so many diverse classes. Our families and youth are greatly benefited by R Recreation's impacts on our community, we thank you. -LA

2023 and Beyond

Where do we go from here?

- Continue developing our programming with an intentional, purposeful and meaningful approach by adding at least 3 new programs each season.
- Looking forward to this summer and NEW classes!
- What would the community members like to see?
- What are your goals for our future? We are a part of the social and economic revitalization!



**City of Riverton Contract for Services
Funding Request**



Name of Organization: Riverton Adult Softball Association

Contact Person: Robert Franks

Address: P.O. Box 327

City, State, Zip: Riverton, WY 82501

Phone Number: (307) 840-1096

Email Address: rp19852003@gmail.com

Type of Organization: ☒ 501(c)3 ☒ Association ☐ Civic Group

☐ Other (school, etc.) Please explain _____

Number of Local Members: 200+, 7 board members

Number of Locally Impacted Individuals/Organizations: 400+ people / 2 organizations

Total Budget for Fiscal Year (including funding from the City of Riverton: \$44,600

(Please attach your budget.)

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding sources) Possibly Fremont County Recreation Board, entry

fee money (looking at \$400/team, 14 teams)

Please donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of donations.) Softball association is new, this is the first year

we've done this.

Amount Requested: \$15,000.00

How will the funding be used to benefit the community? (if necessary, please attach no more than one sheet explaining how the funds will be used.) See attached document

Please list administrative overhead including salaries: (if necessary, please attach a detailed list.) _____

Non-Profit

Has the City of Riverton Funded your request in the past? ☐ Yes ☒ No

Please return this form, along with any supporting documentation to City of Riverton, Attn: Mia Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email: mharris@rivertonwy.gov.

FY 2023-2024 Budget

LEAGUE INCOME/FUNDING

\$5,600 – Entry Fee Money (\$400 per team/14 teams)

\$15,000 – City of Riverton Requested Funding

\$7,000 – Fremont County Rec Board Requested Funding

\$17,000 – District Rec Board Requested Funding

POSSIBLE TOTAL FOR FY 2023-2024 - \$44,600

LEAGUE EXPENSES/FIELD UPGRADES

\$1,500 - Half of Electric Bill for season (Figures from past years bills, RASA paying half of total bill)

\$2,000 - Money to be used for field light repairs

\$20,000 - Verbal quote for hydroseeding on Southeast field (\$10,000 for material/\$10,000 labor)

\$17,452 - Sprinkler installation for Southeast field (Quoted from Service Sprinkler)

\$16,900 - Sprinkler installation for Southeast field (Quoted from Wind River Landscaping)

\$1,100 - New Base Sets for fields (Quoted from epicsports.com)

\$400 - Field Line Chalk (RASA paying half for pallet with Girl's League)

\$600 - 10 Dozen softballs (Quoted from epicsports.com)

\$110 - 15 Scoresheet Books (Quoted from epicsports.com)

\$1,000 – League Insurance Policy (Still looking for best quotes)

\$500 - Spray Trailer rental and chemicals for weed control in complex (Quoted prices for chemicals from Amazon)

APPROXIMATE TOTAL FOR FY 2023-2024 - \$44,210

Funding requested from City of Riverton, Fremont County Rec Board, and District Rec Board is slated to be used for field repairs and upgrades. Entry fee funds are slated to be used for league operations and field maintenance.

The Riverton Adult Softball Association is looking to get funds to fix and upgrade the softball complex. We are working in conjunction with the Riverton Girl's Fast-Pitch League hoping to get the northeast and southeast fields of the complex outfitted with new bases, sprinkler systems, dirt work, and hydroseeding on the southeast field to get them in shape to be played on next year in 2024. It is very difficult at the moment having only two fields that are playable with how many people use the fields for softball. I believe with the girl's fast-pitch league and the adult league there is around 400+ people who need to make use of the complex. As of right now the only funding sources we have will be the entry fees for league play which is \$400 per team and we are planning on taking 14 teams for this season, which amounts to \$5600. Most of the entry fee money will be used for league operations (Electric bills, softballs, scoresheets, field maintenance tools, and insurance for the league through ASA). We are looking at other avenues, like through the Fremont County Recreation Board for assistance as well. The two eastern fields of the complex are in very bad shape at the moment and will take considerable work and resources to get them back to being gameplay worthy. We are also looking at using funds that are donated to buy chemicals for weed spraying around the complex and on the infields to keep it free of goat heads and other undesirable foliage. Funds will also be used to repair and or replace the lights we have on the two playable fields. As of this year we would like to just get the playing surfaces of the eastern fields fixed so they may be used next year, then possibly next year we will try to get funding to get new lights installed so they can be used at night as well. This funding from the City would be greatly appreciated and it will be used to help the community as well as fix and upgrade a City owned property. Any questions or concerns please feel free to give me a call. Thank you for your time and consideration!

Robert Franks

Riverton Adult Softball Association President

P.O. Box 327

Riverton, WY 82501

(307) 840-1096

City of Riverton Contract for Services Funding Request



Name of Organization: Riverton Chamber & Visitors Center

Contact Person: Sam Tower

Address: 1075 S Federal Blvd.,

City, State, Zip: Riverton, WY 82501

Phone Number: 307-856-4801

Email Address:

Director@RivertonChamber.org

Type of Organization: 501(c)3 Association Civic Group

Other (school, etc.) Please explain 501(c)6

Number of Local Members:

248

Number of Locally Impacted Individuals/Organizations: The City of Riverton & Fremont County

Total Budget for Fiscal Year (including funding from the City of Riverton:

195,000 (Please attach your budget.)

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding sources) Riverton Chamber & Visitors Center & Wind River Visitors Center

Please donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of donations.) Budget attached show WRVC cost share as well as prior City services contribution

Amount Requested:

\$50,000

How will the funding be used to benefit the community? (if necessary, please attach no more than one sheet explaining how the funds will be used.) Tourism awareness and developing attractions. Destination package development, beautification programs, signage, education and economic development & development of community meeting space

Please list administrative overhead including salaries: (if necessary, please attach a detailed list.)

Executive Director \$40K

Admin Assistant \$29,159.96

Has the City of Riverton Funded your request in the past? ☒ Yes ☐ No

Please return this form, along with any supporting documentation to City of Riverton, Attn: Mia Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email: mharris@rivertonwy.gov.

Profit & Loss Budget Overview

July 2022 through June 2023

	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	TOTAL Jul '22 - Jun '23
Ordinary Income/Expense													
Income													
4030 - City of Riv-Contract for Svc	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	30,000.00
4050 - Community Event Income	166.67	166.67	166.67	166.67	166.67	166.67	166.67	166.67	166.67	166.67	166.67	166.67	2,000.04
4110 - Membership Dues	6,250.00	6,250.00	6,250.00	6,250.00	6,250.00	6,250.00	6,250.00	6,250.00	6,250.00	6,250.00	6,250.00	6,250.00	75,000.00
4160 - WRVC Contract Revenue	5,666.67	5,666.67	5,666.67	5,666.67	5,666.67	5,666.67	5,666.67	5,666.67	5,666.67	5,666.67	5,666.67	5,666.67	68,000.04
Total Income	14,583.34	14,583.34	14,583.34	14,583.34	14,583.34	14,583.34	14,583.34	14,583.34	14,583.34	14,583.34	14,583.34	14,583.34	175,000.08
Expense													
6000 - Advertising - Chamber	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	20,000.04
6040 - Business Insurance	109.36	109.36	109.36	109.36	109.36	109.36	109.36	109.36	109.36	109.36	109.36	109.36	1,312.32
6070 - Community Events Expense	254.58	254.58	254.58	254.58	254.58	254.58	254.58	254.58	254.58	254.58	254.58	254.58	3,054.96
6100 - Computer Software	22.19	22.19	22.19	22.19	22.19	22.19	22.19	22.19	22.19	22.19	22.19	22.19	266.28
6160 - General Admin Expenses	148.26	148.26	148.26	148.26	148.26	148.26	148.26	148.26	148.26	148.26	148.26	148.26	1,779.12
6210 - Payroll Expense	5,763.33	5,763.33	5,763.33	5,763.33	5,763.33	5,763.33	5,763.33	5,763.33	5,763.33	5,763.33	5,763.33	5,763.33	69,159.96
6220 - Payroll Taxes	900.00	900.00	900.00	900.00	900.00	900.00	900.00	900.00	900.00	900.00	900.00	900.00	10,800.00
6230 - Postage - Admin	25.27	25.27	25.27	25.27	25.27	25.27	25.27	25.27	25.27	25.27	25.27	25.27	303.24
6250 - Professional Services	441.66	441.66	441.66	441.66	441.66	441.66	441.66	441.66	441.66	441.66	441.66	441.66	5,299.92
6260 - Rent Expense	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	4,800.00
6265 - Repairs and Maintenance	8.33	8.33	8.33	8.33	8.33	8.33	8.33	8.33	8.33	8.33	8.33	8.33	99.96
6290 - Supplies - Admin	41.66	41.66	41.66	41.66	41.66	41.66	41.66	41.66	41.66	41.66	41.66	41.66	499.92
6300 - Telephone/Internet	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	1,800.00
6305 - Utilities	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	3,999.96
6310 - Travel	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	1,500.00
6340 - WRVC Disbursements	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	24,999.96
Total Expense	12,472.97	12,472.97	12,472.97	12,472.97	12,472.97	12,472.97	12,472.97	12,472.97	12,472.97	12,472.97	12,472.97	12,472.97	149,675.64
Net Ordinary Income	2,110.37	2,110.37	2,110.37	2,110.37	2,110.37	2,110.37	2,110.37	2,110.37	2,110.37	2,110.37	2,110.37	2,110.37	25,324.44
Net Income	2,110.37	2,110.37	2,110.37	2,110.37	2,110.37	2,110.37	2,110.37	2,110.37	2,110.37	2,110.37	2,110.37	2,110.37	25,324.44

City of Riverton Contract for Services Funding Request



Name of Organization: Riverton Little League
Contact Person: Kristina Olson
Address: 246 Charbonneau Dr
City, State, Zip: Riverton WY 82501
Phone Number: 307 840 1845
Email Address: Rivertonlittleleague@gmail.com
Type of Organization: ☒ 501(c)3 ☐ Association ☐ Civic Group
☐ Other (school, etc.) Please explain _____

Number of Local Members: 250

Number of Locally Impacted Individuals/Organizations: ~1000 including players/families

Total Budget for Fiscal Year (including funding from the City of Riverton): \$100,000

(Please attach your budget.)

2022 - net revenue was \$8445
2021 - net revenue was \$6353

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding

sources FCSD #25 - 2500, registration \$13,000, concessions profit, \$16,000 sponsorships \$15,000,
fundraiser: \$19,000

Please donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of
donations.) See attached statement of activity

Amount Requested: \$3000.00

How will the funding be used to benefit the community? (if necessary, please attach no more than one
sheet explaining how the funds will be used.) utilities and field maintenance (inc.

workers to drag/chaulk fields, new clay bricks for pitching mounds, etc.)

Please list administrative overhead including salaries: (if necessary, please attach a detailed list.) _____

no money paid to board members

Has the City of Riverton Funded your request in the past? ☒ Yes ☐ No

Please return this form, along with any supporting documentation to City of Riverton, Attn: Mia
Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email: mharris@rivertonwy.gov.

RIVERTON LITTLE LEAGUE

Statement of Activity Comparison

February 1, 2022 - February 1, 2023

	TOTAL	
	FEB 1, 2022 - FEB 1, 2023	FEB 1, 2021 - FEB 1, 2022 (PY)
Revenue		
All-Star shirts	1,830.00	1,350.00
Banner Income	1,100.00	400.00
Championship Night Dinner	515.00	0.00
Concession Inc	22,080.71	21,661.49
Donated	900.00	2,550.00
Fremont County MOVE Grant	10,000.00	0.00
Fundraiser	32,861.00	2,534.00
Grant from City of Riverton	4,000.00	2,500.00
Grant from FCSD25 Recreation Board	12,423.05	6,680.24
Home Run Derby Income	0.00	290.00
Registration	13,090.74	9,050.48
Sales	200.00	0.00
Shirt Fundraiser	0.00	1,610.00
Sponsorships	17,634.30	10,550.00
Tournament Shirt Order	0.00	2,205.00
Total Revenue	\$116,634.80	\$61,381.21
GROSS PROFIT	\$116,634.80	\$61,381.21
Expenditures		
Accounting & Legal Fees	760.00	610.00
Advertising	60.00	0.00
Bank charges	1.00	0.00
Banner Expense	1,350.00	794.80
Championship meals	364.07	0.00
Concessions Exp	16,350.78	15,160.26
End of season Fireworks	5,226.29	5,025.00
Equipment Expense	0.00	0.00
Field Equipment	713.13	825.40
Player Equipment	4,052.59	4,509.59
Total Equipment Expense	4,765.72	5,334.99
Fees	0.00	52.00
Fundraiser Expenses	19,332.72	0.00
Gift	0.00	1,370.00
Insurance and Chartering	0.00	2,930.41
Meals & Entertainment	0.00	0.00
Meals	0.00	245.00
Total Meals & Entertainment	0.00	245.00
Office	216.77	523.95
Prizes	396.00	548.00
Refund Registration Fees	2,738.70	0.00

2022 asphalt Project
-10,000
- \$9000

RIVERTON LITTLE LEAGUE

Statement of Activity Comparison

February 1, 2022 - February 1, 2023

	TOTAL	
	FEB 1, 2022 - FEB 1, 2023	FEB 1, 2021 - FEB 1, 2022 (PY)
Registration Fees	108.00	860.00
Repairs & Maintenance	34,238.80	0.00
Facility Improvements	555.36	2,014.91
Field Chalking	0.00	311.40
Field Maintenance	2,523.13	3,043.30
Maintenance	49.42	507.04
Treatment-insects and rodents	598.00	950.00
Total Repairs & Maintenance	37,964.71	6,826.65
Sales Tax Exp.	0.00	699.18
Shirt Fundraiser Exp	0.00	42.75
State meeting expenses	834.00	732.00
Supplies	835.21	0.00
Office Supplies	1,134.52	91.49
Player Supplies	0.00	54.06
Total Supplies	1,969.73	145.55
Taxes	2.00	0.00
Tournament Exp.	454.68	973.80
Tournament Fee	0.00	205.20
Treatment-insects and rodentsc	42.00	0.00
Umpire Pay	2,285.00	0.00
Uniforms	8,102.88	5,856.00
All-Star t-shirts	930.98	2,830.00
All-Star Uniforms & Accessories	3,348.74	1,237.02
Total Uniforms	12,382.60	9,923.02
Utilities	601.02	2,028.70
Total Expenditures	\$108,205.79	\$55,031.26
NET OPERATING REVENUE	\$8,429.01	\$6,349.95
Other Revenue		
Interest Income	16.73	3.15
Total Other Revenue	\$16.73	\$3.15
NET OTHER REVENUE	\$16.73	\$3.15
NET REVENUE	\$8,445.74	\$6,353.10

**City of Riverton Contract for Services
Funding Request**



Name of Organization: Riverton Senior Citizens Center, Inc.

Contact Person: Lori Weber, Executive Director

Address: 303 East Lincoln Ave.,

City, State, Zip: Riverton, WY 82501

Phone Number: 307-856-6332

Email Address: rsccdirector@outlook.com

Type of Organization: ☒ 501(c)3 ☐ Association ☐ Civic Group

☐ Other (school, etc.) Please explain _____

Number of Local Members: As of 3/7/23 we have 1294 individuals in our AGNES

Number of Locally Impacted Individuals/Organizations: CES, Medicaid for rides system.
+ meals, TOPS, Homestead + VA

Total Budget for Fiscal Year (including funding from the City of Riverton: \$602,050 in attached grants

(Please attach your budget.) A copy of Form 990 for year ended 9/30/21 is attached
which also shows prior year revenue + expenses.

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding sources) We rely on fundraisers and donations to meet the

match requirements on the grants and to pay for non-grant

Please donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of expenditures) We estimate that we receive 25% of our funding from

program users, various businesses, + philanthropic individuals.

Amount Requested: \$31,000

How will the funding be used to benefit the community? (if necessary, please attach no more than one sheet explaining how the funds will be used.) New roof on The Bus Garage that

houses The 5 vehicles used for Riverton Public Transportation.

Please list administrative overhead including salaries: (if necessary, please attach a detailed list.) There

will be no salaries taken from this funding source.

Has the City of Riverton Funded your request in the past? ☐ Yes ☒ No

Please return this form, along with any supporting documentation to City of Riverton, Attn: Mia Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email: mharris@rivertonwy.gov.

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 10/01/20 and ending 09/30/21

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

RIVERTON SENIOR CITIZENS CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

303 E. LINCOLN AVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

RIVERTON

WY 82501

F Name and address of principal officer:

LORI WEBER

303 E. LINCOLN AVE

RIVERTON

WY 82501

D Employer identification number

83-0217245

E Telephone number

G Gross receipts \$ 762,34

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1975

M State of legal domicile: W

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	TO PROVIDE SERVICE FOR RIVERTONS SENIORS THAT ENRICH THE PARTICIPANTS LIFE, WELL BEING, DAILY ACTIVITIES AND INDEPENDENCE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	23
Revenue	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	706,165	624,497
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,339	123,977
Expenses	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,602	13,871
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	804,106	762,340
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	419,587	416,000
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
Net Assets or Fund Balances	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	335,786	336,424
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	755,373	752,424
	19 Revenue less expenses. Subtract line 18 from line 12	48,733	9,920
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	502,186	512,108
22 Net assets or fund balances. Subtract line 21 from line 20	0		
		502,186	512,108

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	LORI WEBER	EXECUTIVE DIRECTOR
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	JACQUELINE M MICHEL	Jacqueline M. Michel
	Firm's name ▶ KOERWITZ, MICHEL, WRIGHT & ASSOC. P.C.	Firm's EIN ▶ 83-0332861
	Firm's address ▶ P.O. BOX 1362 THERMOPOLIS, WY 82443	Phone no. 307-864-3171

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2020)

Riverton Senior Citizens Center Grant Budget Summary

OAA Title II-B Supportive Services	\$ 79,231
ARP SSC6 Grant	\$ 20,660
Title III-C1	\$ 131,995
Title III-C-2	\$ 94,607
CMC6	\$ 13,859
ARP HDC6	\$ 20,788
Wyoming Senior Services Board Basic Grant	\$ 30,000
Wyoming Senior Services Board Formula Grant	\$ 98,135
Section 5311 Statewide Rural Public Transit	\$ 112,775
	<u><u>\$ 602,050</u></u>

Aging Division, Wyoming Department of Health
FFY 2023 OAA Title III-B Supportive Services
Continuing Grant Application Guidance

BUDGET COVER PAGE

Title III-B FUNDING SOURCE SUMMARY					
Legal Corporate Name:		Riverton Senior Citizens Center, Inc.			
Source of Funds by Category (list all sources)					
Requested Federal Funds	\$63,097	TRUE	Projected Program Income	\$5,000	TRUE
			<i>Funds ELIGIBLE for meeting Matching Requirements</i>		
			Local Cash Contributions	\$6,326	
Requested State Funds	\$4,808	TRUE	WSSB Funds		TRUE
			In-Kind Contributions		
			<i>Non-matching Funds Used to Support Title III-B Services</i>		
Requested State Funds	\$4,808	TRUE	CSBG Funds (non-matching)	\$0	
			Other Funds (non-matching)	\$0	TRUE
			Total Funding Requested	\$67,905	Total Budget Amount

TITLE III-B BUDGET SUMMARY		
BUDGET LINE ITEMS BY CATEGORY		TITLE III-B EXPENSES
(1) Personnel (including fringe benefit)	TRUE	\$56,179
(2) Travel	TRUE	\$0
(3) Consumable Supplies	TRUE	\$2,164
(4) Other Costs	TRUE	\$20,888
TOTAL TITLE III-B EXPENSES	TRUE	\$79,231

Total Direct Costs	\$ 70,104
Total Indirect Costs	\$ 9,127
Percent of III-B Program Indirect Costs (At or less than 10%)	13.02%

Please refer to Grant Application Guidance, Budget Instructions, Direct and Indirect Expense Definitions for more information

Total Budget (from all sources)	\$79,231
Budget (Federal & State)	\$67,905
Projected number of unduplicated clients that you will serve in FFY 2023	700
Your estimated cost per client per year	113.19

FFY 2023 Title III-B Grant Available Funds	Federal	State	Required Match
	\$63,097	\$4,808	\$6,326

FFY2023 Supplemental Funding- under Title III-B Support Services Program American Rescue Plan (ARP) SSC6 Grant Application

Please complete this table to demonstrate your organization's intended use of these grant funds below.

PERSONNEL EXPENSES	FEDERAL FUNDS
<i>Job Position/Title</i>	\$ -
Activities Director	\$ 5,200.00
Field Trip Bus Driver for 4 excursions	\$ 500.00
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
Total Personnel Expenses	\$ 5,700.00

TRAVEL EXPENSES	FEDERAL FUNDS
<i>Fuel for Field Trips</i>	\$ 400.00
	\$ -
	\$ -
	\$ -
	\$ -
Total Travel Expenses	\$ 400.00

CONSUMABLE SUPPLIES EXPENSES	FEDERAL FUNDS
	\$ -
	\$ -
	\$ -
Total Consumable Supplies Expenses	\$ -

OTHER EXPENSES	FEDERAL FUNDS
<i>Advertising</i>	\$ 600.00
Big Screen TV for activity announcements, exercises & movies	\$ 2,000.00
Boiler parts (actuators, pumps, etc) (Same allocation as C1 & C2)	\$ 11,960.00
	\$ -
	\$ -
	\$ -
Total Other Expenses	\$ 14,560.00
Total Grant Expenses	\$ 20,660.00

The above terms are accepted and the following has been approved:

Provider

<i>Organization Name</i>	Riverton Senior Citizens Center, Inc.
<i>Address</i>	303 East Lincoln Ave., Riverton, WY 82501
<i>Organization Director Name</i>	Lori Weber
<i>Phone Number</i>	307-856-6332
<i>Email</i>	rsccdirector@outlook.com
<i>Total Funding Requested</i>	\$20,660
<i>Organization Director Signature & Date</i>	<i>Lori Weber</i> 8/15/22

Wyoming Department of Health, CLS

<i>Total Funding Approved</i>	
<i>CLS Authorized Signature & Date</i>	

FFY2023 Supplemental Funding- under Title III-B Support Services Program American Rescue Plan (ARP) SSC6 Grant Application

The Wyoming Department of Health (WDH), Aging Division (AD), Community Living Section (CLS), in response to the COVID-19 Pandemic, received supplemental Support Services OAA Title III-B (2101WYSSC6) American Rescue Plan (ARP) funding, CFDA# 93.044. In an effort to support the needs of program providers, CLS is providing the opportunity to request this funding as needed and appropriate for each organization.

Award Amount Available:	\$ 20,660.00
Provider Name: (Please enter your organizations name in the box to the right)	Riverton Senior Citizens Center, Inc.

Activities authorized under this award include:

- A. supportive services of the types made available for fiscal year 2020;
- B. efforts related to COVID-19 vaccination outreach, including education, communication, transportation, and other activities to facilitate vaccination of older individuals; and
- C. prevention and mitigation activities related to COVID-19 focused on addressing extended social isolation among older individuals, including activities for investments in technological equipment and solutions or other strategies aimed at alleviating negative health effects of social isolation due to long-term stay-at-home recommendations for older individuals for the duration of the COVID-19 public health emergency.

Funds must be expended on allowable OAA activities as defined by the Older Americans Act, Administration for Community Living COVID-19 Response, and state and local policy. A justification request is required to be attached to this application. *Work on said project shall not commence until this application and subsequent grant agreement are approved and fully executed.*

To participate in this funding opportunity, providers must comply with the following standards:

An ARP SSC6 invoice must be submitted for reimbursement for expenses as listed in this Application. A profit and loss for the expenses must be submitted with the invoice.

The provider will be reimbursed up to the maximum amount as listed in the Application.

Service match of 5% is required for this grant.

A. Program income may be used to meet match requirements.

If a provider signs the Application to participate and does not deliver the service, the provider may not be considered for future applications.

Project duration: October 1, 2022 through September 30, 2023.

This application must be submitted and approved no later than August 30, 2022.

BUDGET COVER PAGE

FFY2023 Title III-C1 and Title III-C2 Budget Cover Page

Title III-C1 FUNDING SOURCE SUMMARY

			Projected Program Income	\$49,405	TRUE
			Local Cash Contributions		
Requested Federal Funds	\$60,001	TRUE	WSSB Funds	\$7,120	TRUE
			In-Kind Contributions		
Requested State Funds	\$3,469	TRUE	CSBG Funds (non-matching)		
			NSIP Funds (# meals x \$0.70)	\$12,000	TRUE
			Other Funds (non-matching)		
Total Funding Requested	\$63,470		Total Budget Amount	\$131,995	

TITLE III-C1 BUDGET SUMMARY

BUDGET LINE ITEMS BY CATEGORY		TITLE III-C1 EXPENSES	Percent of C1 total award indirect costs 6%
(1) Personnel (including fringe benefits)	TRUE	\$60,427	
(2) Travel	TRUE	\$0	
(3) Consumable Supplies	TRUE	\$68,073	
(4) Other Costs	TRUE	\$3,495	
TOTAL TITLE III-C1 EXPENSES	TRUE	\$131,995	

Title III-C2 FUNDING SOURCE SUMMARY

			Projected Program Income	\$33,290	TRUE
			Local Cash Contributions		
Requested Federal Funds	\$45,744	TRUE	WSSB Funds	\$5,950	TRUE
			In-Kind Contributions		
Requested State Funds	\$2,123	TRUE	CSBG Funds (non-matching)		
			NSIP Funds (# meals x \$0.70)	\$7,500	TRUE
			Other Funds (non-matching)		
Total Funding Requested	\$47,867		Total Budget Amount	\$94,607	

TITLE III-C2 BUDGET SUMMARY

BUDGET LINE ITEMS BY CATEGORY		TITLE III-C2 EXPENSES	Percent of C2 total award indirect costs 2%
(1) Personnel (including fringe benefits)	TRUE	\$44,245	
(2) Travel	TRUE	\$3,694	
(3) Consumable Supplies	TRUE	\$42,592	
(4) Other Costs	TRUE	\$4,076	
TOTAL TITLE III-C2 EXPENSES	TRUE	\$94,607	

**FFY2023 Supplemental Funding- under Title III-C1 Support Services Program American
Rescue Plan (ARP) CMC6 Grant Application**

Please complete this table to demonstrate your organization's intended use of these grant funds below.

PERSONNEL EXPENSES	FEDERAL FUNDS
<i>Job Position/Title</i>	\$ -
Kitchen/Nutrition Manager	\$ 1,076.00
Cooks	\$ 823.00
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
Total Personnel Expenses	\$ 1,899.00

TRAVEL EXPENSES	FEDERAL FUNDS
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
Total Travel Expenses	\$ -

CONSUMABLE SUPPLIES EXPENSES	FEDERAL FUNDS
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
Total Consumable Supplies Expenses	\$ -

OTHER EXPENSES	FEDERAL FUNDS
	\$ -
Boiler Parts (Same allocation as to C2 and IIIB)	\$ 11,960.00
	\$ -
	\$ -
	\$ -
	\$ -
Total Other Expenses	\$ 11,960.00
Total Grant Expenses	\$ 13,859.00

The above terms are accepted and the following has been approved:

Provider

<i>Organization Name</i>	Riverton Senior Citizens Center, Inc.
<i>Address</i>	303 East Lincoln Ave., Riverton, WY 82501
<i>Organization Director Name</i>	Lori Weber
<i>Phone Number</i>	307-856-6332
<i>Email</i>	rscdirector@outlook.com
<i>Total Funding Requested</i>	\$13,859.00
<i>Organization Director Signature & Date</i>	<i>Lori Weber</i> 8/25/22

Wyoming Department of Health, CLS

<i>Total Funding Approved</i>	
<i>CLS Authorized Signature & Date</i>	

**FFY2023 Supplemental Funding- under Title III-C1 Support Services
Program American Rescue Plan (ARP) CMC6 Grant Application**

The Wyoming Department of Health (WDH), Aging Division (AD), Community Living Section (CLS), in response to the COVID-19 Pandemic, received supplemental Support Services OAA Title III-C1 (2101WYCMC6) American Rescue Plan (ARP) funding, CFDA# 93.045. In an effort to support the needs of program providers, CLS is providing the opportunity to request this funding as needed and appropriate for each organization.

Award Amount Available:	\$ 13,859.00
Provider Name: (Please enter your organizations name in the box to the right)	Riverton Senior Citizens Center, Inc.

Activities authorized under this award include:

A. Congregate nutrition services allowable under the Older Americans Act.

Funds must be expended on allowable OAA activities as defined by the Older Americans Act, Administration for Community Living COVID-19 Response, and state and local policy. A justification request is required to be attached to this application. *Work on said project shall not commence until this application and subsequent grant agreement are approved and fully executed.*

To participate in this funding opportunity, providers must comply with the following standards:

An ARP CMC6 invoice must be submitted for reimbursement for expenses as listed in this Application. A profit and loss for the expenses must be submitted with the invoice.

The provider will be reimbursed up to the maximum amount as listed in the Application.

Service match of 5% is required for this grant.

A. Program income may be used to meet match requirements.

If a provider signs the Application to participate and does not deliver the service, the provider may not be considered for future applications.

Project duration: October 1, 2022 through September 30, 2023.

This application must be submitted and approved no later than August 30, 2022.

**FFY2023 Supplemental Funding- under Title III-C2 Support Services Program American
Rescue Plan (ARP) HDC6 Grant Application**

Please complete this table to demonstrate your organization's intended use of these grant funds below.

PERSONNEL EXPENSES	FEDERAL FUNDS
<i>Job Position/Title</i>	\$ -
Cooks	\$ 2,200.00
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
Total Personnel Expenses	\$ 2,200.00

TRAVEL EXPENSES	FEDERAL FUNDS
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
Total Travel Expenses	\$ -

CONSUMABLE SUPPLIES EXPENSES	FEDERAL FUNDS
<i>Raw Food</i>	\$ 5,028.00
Kitchen Supplies	\$ 600.00
Cleaning Supplies	\$ 100.00
Office Supplies	\$ 200.00
	\$ -
	\$ -
Total Consumable Supplies Expenses	\$ 5,928.00

OTHER EXPENSES	FEDERAL FUNDS
<i>Boiler Parts (actuators & pumps) (Same allocation as to C1 and IIIB)</i>	\$ 11,960.00
Telephone & Internet	\$ 200.00
Insurance	\$ 500.00
	\$ -
	\$ -
	\$ -
Total Other Expenses	\$ 12,660.00
Total Grant Expenses	\$ 20,788.00

The above terms are accepted and the following has been approved:

Provider

<i>Organization Name</i>	Riverton Senior Citizens Center, Inc.
<i>Address</i>	303 East Lincoln Avenue, Riverton, WY 82501
<i>Organization Director Name</i>	LORI WEBER
<i>Phone Number</i>	307-856-6332
<i>Email</i>	rscdirector@outlook.com
<i>Total Funding Requested</i>	20,788
<i>Organization Director Signature & Date</i>	Lori Weber 8/25/22

Wyoming Department of Health, CLS

<i>Total Funding Approved</i>	
<i>CLS Authorized Signature & Date</i>	

**FFY2023 Supplemental Funding- under Title III-C2 Support Services
Program American Rescue Plan (ARP) HDC6 Grant Application**

The Wyoming Department of Health (WDH), Aging Division (AD), Community Living Section (CLS), in response to the COVID-19 Pandemic, received supplemental Support Services OAA Title III-C1 (2101WYHDC6) American Rescue Plan (ARP) funding, CFDA# 93.045. In an effort to support the needs of program providers, CLS is providing the opportunity to request this funding as needed and appropriate for each organization.

Award Amount Available:	\$ 20,788.00
Provider Name: (Please enter your organizations name in the box to the right)	Riverton Senior Citizens Center, Inc.

Activities authorized under this award include:

A. Home Delivered nutrition services allowable under the Older Americans Act.

Funds must be expended on allowable OAA activities as defined by the Older Americans Act, Administration for Community Living COVID-19 Response, and state and local policy. A justification request is required to be attached to this application. *Work on said project shall not commence until this application and subsequent grant agreement are approved and fully executed.*

To participate in this funding opportunity, providers must comply with the following standards:

An ARP HDC6 invoice must be submitted for reimbursement for expenses as listed in this Application. A profit and loss for the expenses must be submitted with the invoice.

The provider will be reimbursed up to the maximum amount as listed in the Application.

Service match of 5% is required for this grant.

A. Program income may be used to meet match requirements.

If a provider signs the Application to participate and does not deliver the service, the provider may not be considered for future applications.

Project duration: October 1, 2022 through September 30, 2023.

This application must be submitted and approved no later than August 30, 2022.

Wyoming Senior Services Board
c/o Wyoming Department of Health, Aging Division, Community Living Section
SFY 2023 Budget Summary for Basic Grant (\$30,000 State Funds)
July 1, 2022 through June 30, 2023

Name of Applicant Organization: Riverton Senior Citizens Center, Inc.

Budget Category	Description of Expense (please itemize)	Amount
<u>Personnel</u> (including fringe benefit)		
Total Personnel		-
<u>Travel</u>	Travel for Training & Meal Delivery	1,500.00
Total Travel		1,500.00
<u>Equipment</u>		
Total Equipment		-
<u>Consumable Supplies</u>	Take-out Meal Supplies	500.00
Total Consumable Supplies		500.00
<u>Other</u>	WyDot Match C1, C2 local Match	20,000.00 8,000.00
Total Other		28,000.00
TOTAL EXPENSES		30,000.00

Wyoming Senior Services Board
c/o Wyoming Department of Health, Aging Division, Community Living Section
SFY 2023 Budget Summary for Formula Grant (State Funds)

July 1, 2022 through June 30, 2023

Name of Applicant Organization: Riverton Senior Citizens Center, Inc.

Budget Category	Description of Expense (please itemize)	Amount
<u>Personnel</u> (including fringe benefit)	Executive Director	5,167.00
	Janitor	2,508.00
	Receptionist	4,377.00
	SAMS/Information Coordinator	1,108.00
	Total Personnel	13,160.00
<u>Travel</u>		
	Total Travel	-
<u>Equipment</u>		
	Total Equipment	-
<u>Consumable Supplies</u>	Home Delivered Meal Supplies	2,675.00
	Janitorial Supplies	1,500.00
	Total Consumable Supplies	4,175.00
<u>Other</u>	Bookkeeping at CPA accounting firm	16,800.00
	Audit	10,000.00
	WyDot Match	29,000.00
	Utilities	25,000.00
	Total Other	80,800.00
TOTAL EXPENSES		98,135.00

- [Project Overview](#)
- [Project Details](#)
- [Funding Request](#)
- [Documents](#)

Funding

Project Information

Riverton Senior Citizens Center, Inc. : Operating Assistance

UPIN: BCG0001615

Status: Open

Application: [Section 5311: Statewide Rural Public Transit](#)

Contract: [5311-23-FTA-513](#)

Created by Lori Weber on 4/28/2022 04:13 PM

Last Modified by Lori Weber on 5/16/2022 12:18 PM

Request Summary

Year: 2023
Status: Approved Unfunded

Requested: \$112,775.00
Allocated: \$112,775.00
Encumbered: \$63,786.00

[<< Return to Funding Requests](#)

- [Funding](#)
- [Comments](#)

Funding Request

Line Item Name	Request Amount
Expense	
Fuel and Oil	\$19,350.00
Driver Salaries	\$110,644.00
Dispatcher Salaries	\$30,788.00
Program Supplies	\$0.00
Extended Warranty	\$0.00
*Prior Approval Required	
Other not specified	\$0.00
*MUST provide detailed explanation on Comments tab	
Revenue	
Less Fare Box	\$48,007.00
Total Expenses	\$160,782.00
Total Revenue	\$48,007.00
Total Request	\$112,775.00

Allocations

Distribution Title	Amount	Encumbered	Adjust
2023 : Section 5311 : Operating	\$63,786.00	<input checked="" type="checkbox"/>	
Local	\$48,989.00	<input type="checkbox"/>	

Total \$112,775.00

City of Riverton Contract for Services
Funding Request



Name of Organization: Riverton Swim Club

Contact Person: Tina Jordan

Address: 18 Dalley Rd

City, State, Zip: Riverton, WY 82501

Phone Number: 307-258-9439

Email Address: tinajordan8182@gmail.com

Type of Organization: ☒ 501(c)3 ☐ Association ☐ Civic Group

☐ Other (school, etc.) Please explain _____

Number of Local Members: 120 members

Number of Locally Impacted Individuals/Organizations: RMS, RHS, Community learn to swim

Total Budget for Fiscal Year (including funding from the City of Riverton: 75,150

(Please attach your budget.)

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding sources) R rec 5700

Please donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of donations.) Swimathon 10,098 2021 ; 11,335 2022

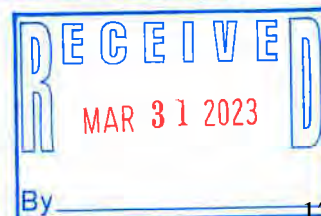
Amount Requested: \$5000

How will the funding be used to benefit the community? (if necessary, please attach no more than one sheet explaining how the funds will be used.) to put on 1-2 swim meet that brings 3 to 7 teams to the area

Please list administrative overhead including salaries: (if necessary, please attach a detailed list.) Expensives listed in budget.

Has the City of Riverton Funded your request in the past? ☒ Yes ☐ No

Please return this form, along with any supporting documentation to City of Riverton, Attn: Mia Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email: mharris@rivertonwy.gov.



Riverton Swim Club

Budget January - December 2023

Income

Home Meet Concessions	1,500
Home Meet Registrations	3,850
Sponsor Donation	3,500
Riverton City	4,000
R Rec	5,700
Swimmer Fees	61,950
Total Income	<u>80,500</u>

Expenses

Accounting	500
Advertising & Marketing	40
Awards	2,300
Bank Charges	50
Banquet	3,800
Clothing	5,950
Club Fees	1,800
* Coach Pay	32,560
Equipment	2,000
Freight	200
Home Meet	2,500
Meals & Entertainment	1,000
Meet Fees	15,000
Office	300
Pool Fees	4,750
Registration Fees	1,250
State Fees	50
Supplies	50
Training	150
Travel	650
Website	250
Total Expenses	<u>75,150</u>

Net Income

5,350

**City of Riverton Contract for Services
Funding Request**



Name of Organization: Riverton Volunteer Fire Department
Contact Person: Assistant Chief Jesse Cassity
Address: P.O. Box 48 (mailing) 404 S Broadway
City, State, Zip: Riverton, WY 82501
Phone Number: (307) 851-6605

Email Address: jessecassity@gmail.com

Type of Organization: ☒ 501(c)3 ☐ Association ☐ Civic Group

☐ Other (school, etc.) Please explain _____

Number of Local Members: 33

Number of Locally Impacted Individuals/Organizations: All

Total Budget for Fiscal Year (including funding from the City of Riverton: \$36,000⁰⁰

(Please attach your budget.)

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding sources) Contract for service with the Riverton Fire

Protection District: \$36,000⁰⁰ + Mail in Seal Drive Fundraiser

Please donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of donations.) 2022 Seal Drive: \$15,732⁰⁰

2021 Seal Drive: \$20,221⁰⁰ I can provide reports if needed.

Amount Requested: \$5,000⁰⁰

How will the funding be used to benefit the community? (if necessary, please attach no more than one sheet explaining how the funds will be used.) File Attached / Next page

Please list administrative overhead including salaries: (if necessary, please attach a detailed list.) _____

N/A

Has the City of Riverton Funded your request in the past? ☒ Yes ☐ No

Please return this form, along with any supporting documentation to City of Riverton, Attn: Mia Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email: mharris@rivertonwy.gov.

To Whom It May Concern:

The \$5,000.00 in funding that the Riverton Volunteer Fire Department has requested from the city of Riverton will be used as follows. \$2,000.00 Will be placed into our benevolent fund. This account is used to directly help Riverton Volunteer firemen in need (Ex: Medical Emergency, or a death in the family). \$2,000.00 Will be placed into our reserve account. This account is used to complete projects that better the fire department for all members. This money can only be spent by majority vote of the members of the fire department (Ex: used to purchase a locally built custom trailer mounted grill to replace our old one. It used at events throughout the community such as our open house). Lastly \$1,000.00 will be placed in our mutual aid account. The mutual aid account pays the dues of all Riverton Volunteer Fire Department members to be a part of the state wide mutual aid program. The mutual aid program pays out benefits to members beneficiary in the event of their death.

Thank you for your consideration.

Jesse Cassity
Riverton Volunteer Fire Department
Assistant Chief

**City of Riverton Contract for Services
Funding Request**



Name of Organization: Volunteers of America Northern Rockies (VOA)

Contact Person: Susie Arnold

Address: 1876 S. Sheridan Ave

City, State, Zip: Sheridan, WY 82801

Phone Number: 307-672-0475

Email Address: susie.arnold@voanr.org

Type of Organization: ☒ 501(c)3 ☐ Association ☐ Civic Group
☐ Other (school, etc.) Please explain _____

Number of Local Members: n/a

Number of Locally Impacted Individuals/Organizations: 159 served in Fiscal Year 2022 (FY22)

Total Budget for Fiscal Year (including funding from the City of Riverton): \$880,953.00

(Please attach your budget.)

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding sources) Please see Attachment B.

Please donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of donations.) Please see Attachment C.

Amount Requested: \$55,000

How will the funding be used to benefit the community? (if necessary, please attach no more than one sheet explaining how the funds will be used.) Please see Attachment D.

Please list administrative overhead including salaries: (if necessary, please attach a detailed list.) _____
Please See Attachment E.

Has the City of Riverton Funded your request in the past? ☒ Yes ☐ No

Please return this form, along with any supporting documentation to City of Riverton, Attn: Mia Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email: mharris@rivertonwy.gov.

City of Riverton
Attn: Ms. Mia Harris, Finance Director
Finance Director
City of Riverton
816 North Federal Boulevard
Riverton, WY 82501

March 31, 2023

RE: Services Funding Request – Center of Hope

Dear Mayor Staggs and Members of the City Council,

Since 2015, Volunteers of America Northern Rockies (VOA) has provided quality services to the citizens of Riverton, Wyoming, even in the face of tragedies, waning sources of funding, and the aftermath of a global pandemic.

VOA greatly appreciates the opportunity to apply for funding from the City of Riverton to support the services VOA offers at Center of Hope. VOA presently operates 10 transitional beds and four (4) social detoxification beds at this facility. Clients struggling with substance use disorder (SUD) can receive up to 60 days of pre-treatment services, up to 14 days of social detoxification services, and up to three (3) months of transitional living services.

For many, “social detox” is the first step in the recovery process. While in social detox, clients experiencing withdrawal are cared for and supported by staff. Once each client has progressed through their withdrawal, staff work with them to develop a plan for further support in their recovery journey. In Fiscal Year 2022 (FY22), Center of Hope served 159 individuals and provided 2,252 bed days of social detox services.

To fund Center of Hope operations and up to two (2) additional social detox beds at Center of Hope, VOA kindly requests \$55,000 from the City of Riverton. Such funding will increase VOA’s capacity to serve citizens from Riverton, Wyoming and the state at large who may be struggling with SUD and help strengthen the City of Riverton’s continuum of health care services.

If you desire further information, please contact Susie Arnold at (307) 751-0839 or at Susie.arnold@voanr.org.

Sincerely,



Mr. Jeff Holsinger
Chief Executive Officer, Volunteers of America Northern Rockies

Volunteers of America Northern Rockies

The City of Riverton

Attachment A



Volunteers
of America®

NORTHERN ROCKIES

“We serve to harness hope and re-shape futures through a faith-based ministry.”

VOLUNTEERS OF AMERICA NORTHERN ROCKIES
PROGRAM BUDGET: CENTER OF HOPE (PRELIMINARY)
FOR FY24 (JULY 1, 2023 - JUNE 30, 2024)

REVENUES	
CONTRIBUTIONS	21,500.00
GRANT REVENUES	804,453.00
CITY OF RIVERTON	55,000.00
TOTAL REVENUES	<u>880,953.00</u>
EXPENDITURES	
PERSONNEL EXPENSE	503,500.00
OCCUPANCY EXPENSE	42,684.00
PROFESSIONAL FEES	18,000.00
TRAINING & EDUCATION	500.00
SUPPLIES EXPENSE	10,000.00
POSTAGE AND SHIPPING	250.00
TELECOMMUNICATIONS	14,500.00
COMPUTER & SOFTWARE EXPENSE	20,000.00
LAUNDRY, LINEN AND HOUSEKEEPING	5,500.00
PROGRAM DEVELOPMENT & ADVERTISING	1,200.00
EQUIPMENT RENTAL	3,500.00
EQUIPMENT MAINTENANCE	2,000.00
PRINTING AND PUBLISHING	500.00
CONFERENCE EXPENSE	500.00
CLIENT SERVICES EXPENSE	42,350.00
DEPRECIATION EXPENSE	21,500.00
INSURANCE EXPENSE	15,000.00
TRAVEL EXPENSES	30,000.00
ALLOCATED INDIRECT COSTS	119,800.00
TOTAL EXPENDITURES	<u>851,284.00</u>
NET INCOME (LOSS)	<u>29,669.00</u>

Volunteers of America Northern Rockies

The City of Riverton

Attachment B



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Center of Hope Funding Sources and Amounts

The Wyoming Department of Health (State Contract) - \$666,125.00

Individual Contributions - \$20,000.00

QOL Funding - \$10,000.00

In-Kind Contributions - \$1,500.00

Volunteers of America Northern Rockies

The City of Riverton

Attachment C



“We serve to harness hope and re-shape futures through a faith-based ministry.”

Center of Hope Two (2) Year Donation Sources and Amounts

Donation Type	Fiscal Year 2022	Fiscal Year 2023
In-Kind	\$500.00	\$1,500.00
Individual Contributions	\$500.00	\$20,000.00
Special Event (e.g. Empty Bowl)	\$20,000.00	\$0.00

Volunteers of America Northern Rockies

The City of Riverton

Attachment D



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Community Benefits

Volunteers of America Northern Rockies (VOA) currently provides a variety of services at Center of Hope in Riverton, Wyoming designed to address the substance use issues faced by members of the community.

Center of Hope allows clients to transfer between different levels of care to address the severity and chronicity of their substance use disorder (SUD). VOA presently operates 10 transitional beds and four (4) social detoxification beds at Center of Hope. Transitional living and “social detox” services include substance abuse assessments, daily exercise, morning medications, group therapy, independent living skills, processing grief and loss, Alcoholics and Narcotics Anonymous peer support groups, connection to resources for employment and housing, and access to spiritual support services.

The funding requested in this application will support four (4) additional social detox beds at Center of Hope, which will allow VOA to serve Riverton residents in need of SUD treatment. Each client served receives up to 60 days of pre-treatment services or up to 14 days of social detox services. During their stay at Center of Hope, clients establish treatment plans that address their strengths, needs, abilities, and preferences.

For many, social detoxification is the first step of the recovery process. While in social detox, clients who may be experiencing withdrawal are cared for and supported by Center of Hope staff members. Once each client has progressed through their withdrawal, staff work with them to develop a plan for further support in their recovery journey. Each client receiving social detox services is offered a structured schedule, recovery-oriented group work, individual reflection, and assistance filling out admissions paperwork for the appropriate level of care needed. In addition, VOA staff assist clients with medical appointments and assessments, and any other resource(s) necessary to securing each client needed treatment services. Each client is accompanied to necessary appointments by a Center of Hope staff member.

VOA’s Addiction Treatment Services are based upon achieving abstinence and a recovery-oriented lifestyle. In addition to social detox, clients who come to Center of Hope have access to VOA’s wide range of behavioral health and additional SUD treatment services across the state.

Operations at Center of Hope are supported by 10 highly-trained staff members, including seven (7) Technicians, one (1) Clinical Assistant/Peer Support Specialist, one (1) Patient Navigator/Peer Support Specialist, and one (1) Program Director. These individuals ensure clients at Center of Hope have the support and stability they need to move toward recovery.

In Fiscal Year 2022 (FY22), Center of Hope served 159 clients and completed 2,252 bed days of social detox services. Of the clients served during this time period, 72 (45%) were first-time admissions and 52 (32%) were discharged to a higher level of SUD treatment.

The social detox services offered at Center of Hope help create a stronger continuum of healthcare in Riverton, Wyoming, which fosters an overall healthier community. Additional funding from the City of Riverton will allow VOA to provide social detox services to more individuals in the community and help reduce burden on the local hospital by providing a safe place to individuals experiencing withdrawal who would otherwise have no place to go.

Volunteers of America Northern Rockies

The City of Riverton

Attachment E



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Administrative Overhead

VOA's Center of Hope represents less than \$1 million of an approximately \$55 million organization. Our administrative support includes human resources, accounting/finance, information technology, and executive leadership from a staffing perspective. We at VOA pride ourselves on an 11.41% overall administrative cost. The administrative fees in the budget presented are 11.41% of total program funding.

Volunteers of America Northern Rockies

Center of Hope

Program Information



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VOLUNTEERS OF AMERICA
NORTHERN ROCKIES
Client Handbook

**Treatment
Services**

*HOPE
SERENITY*

Mission Statement

“We serve to harness hope and re-shape futures through a faith-based ministry”

ADMISSIONS: 866-843-0351

ADMINISTRATION: P: 307-672-0475 • F: 307-672-0476

WOMEN’S PROGRAM AT THE GATHERING PLACE: P: 307-673-2510 • F: 307-673-2513
360 College Meadows Drive, Sheridan, WY 82801

MEN’S PROGRAM AT THE LIFE HOUSE: P: 307-672-2044 • F: 307-674-6867
3322 Strahan Parkway, Sheridan, WY 82801

HARMONY HOUSE-CHEYENNE: 307-632-6433 • F: 307-426-4688
2310 E. 8th St., Cheyenne, WY 82001

CENTER OF HOPE: P: 307-856-9006
223 W. Adams Ave. Riverton, WY 82501

OUTPATIENT SERVICES

CHEYENNE: P: 307-634-9653 F: 307-426-4685
2526 Seymour Avenue, Cheyenne, WY 82001

LARAMIE: P: 307-745-8915 F: 307-426-4686
1263 North 15th Street, Laramie, WY 82072

MEDICAL: P: 307-632-9362 F: 307-426-4704
510 W 29th Street, Cheyenne, WY 82001

WHEATLAND: P: 307-322-3190 F: 307-426-4683
1954 W Mariposa Parkway, Wheatland, WY 82201

TORRINGTON: P: 307-532-4091 F: 307-426-4684
501 Albany Avenue, Torrington, WY 82240

www.voanr.org

CONFIDENTIALITY

*Your privacy and confidentiality are assured by the strict adherence to professional ethics as
Well as state and federal laws regulating disclosure of patient information.*
Revised 09/28/2021

Mailing Address:

Mailing Address:

The Life House

3322 Strahan Parkway
Sheridan, WY 82801
307-672-2044

The Gathering Place

360 College Meadows Dr.
Sheridan, WY 82801
307-673-2510

Harmony House

2310 E. 8th St.
Cheyenne, WY 82001
Phone: 307-632-6433

Center of Hope

233 W. Adams St.
Riverton, WY 82501
307-856-9006

VOA-Wheatland

1954 W. Mariposa Parkway
Wheatland, WY 82201
307-322-3190

VOA-Cheyenne Muhr Building

2526 Seymour Ave
Cheyenne, WY 82001
307-634-9653

VOA-Torrington

501 Albany Ave.
Torrington, WY 82240
307-532-4091

VOA-Laramie

1263 N. 15th St
Laramie, WY 82070
307-745-8915

Office Hours: 8 AM-5 PM
Residential Hours: 24/7/365
Clinician on-call 24/7/365:

Please call one of the residential facilities and they will notify the on-call clinician.

Patient HandbookTable of Contents

Page 4	Welcome and Introduction
Page 6	Notice of Privacy Practice
Page 9	Communicable Disease Policy
Page 10	Sliding Fee Scale
Page 15	Professional Disclosure Statement
Page 17	Code of Ethics
Page 19	Residential Patient Rights
Page 22	Patient Grievance Procedure
Page 24	Patient Expectations
Page 28	Patient Responsibilities
Page 29	Recovery Values
Page 30	Therapeutic Community Definitions
Page 31	Self- Administered Medication Guidelines
Page 32	Unacceptable Behaviors and General Policies
Page 34	Consent and Authorization for Treatment

Page 35	Visitor Protocol
Page 36	Recovery Home/Transitional Living Program Guidelines and Expectations
Page 41	Appendix

Welcome

Welcome to Volunteers of America Treatment Services. We appreciate your confidence in choosing us to provide for your treatment needs. You and your family are important to us. We hope this handbook will provide answers to your questions while you are a patient with us. If you have any questions or concerns not addressed in this information, please be sure to speak with your primary clinician.

Introduction

Volunteers of America Treatment Services is a private, non-profit, residential drug and alcohol treatment center that is governed by a volunteer Board of Directors. In 2003, Volunteers of America began offering gender specific residential treatment services. The Gathering Place is located at 360 College Meadows Drive in Sheridan, Wyoming and provides substance abuse services to women; the Life House is located at 3322 Strahan Parkway in Sheridan, Wyoming and provides services to men; Harmony House provides substance abuse services to men, located at 2310 East 8th St., Cheyenne, WY; and the Center of Hope is located at 223 W Adams Avenue, Riverton, Wyoming and provides services for all genders.

Volunteers of America provides outpatient services for mental health and substance use disorders in the Southeast corner of Wyoming in Cheyenne, Laramie, Torrington, and Wheatland.

Volunteers of America Northern Rockies Treatment Services

Our Treatment Services program currently offers residential and outpatient treatment services (including individual, group, family, and transitional living components) and aftercare. Treatment Services also provide a home for Alcoholics Anonymous and Narcotics Anonymous meetings.

At the time of admission, patients are required to have a current substance abuse evaluation in place or will have one scheduled if they are entering Social Detox. This assessment will help you provide staff with information regarding your treatment needs. Treatment Services celebrates the individuality of each patient and will establish treatment plans with each patient that addresses his/her strengths, needs, abilities, and preferences as indicated in their assessment. Upon admission, each patient will be assigned a primary clinician. Patients will participate in the development of each treatment plan and will review them with their primary clinician bi-monthly. You will be asked to sign your treatment plan to indicate that you participated in the process and that you approve of the goals. The focus of Volunteers of America Treatment Services is based upon achieving abstinence and a recovery-oriented lifestyle; all services will be directed toward this. Each patient's completion date will be determined

through the application of the most current ASAM patient placement criteria. Please speak to your primary clinician for an explanation of these criteria.

Your input is very important to us and we will ask you to provide us with input regarding the quality of care you receive from Volunteers of America Treatment Services and your satisfaction with the services you are receiving. You will be asked to complete satisfaction surveys at intake, prior to your discharge, and at follow-up. We would appreciate your willingness to sign an Outcome Research Agreement that will allow Treatment Services to contact you in the months following your discharge to inquire about your recovery status. We will inquire about your employment, interpersonal relationships, participation in self-help meetings, and follow-up on other issues identified in the treatment program and/or continuing care programs.

Volunteers of America Treatment Services patients are billed according to a sliding fee scale. No patient will be refused services due to an inability to pay. At the time of admission, each patient will review his financial status with the Admission Specialist and will be asked to sign a financial agreement indicating the cost of treatment and plan for payment. Please see the corresponding fee schedule.

Please note that patients may be assessed additional charges for property damages.

**Volunteers of America Northern Rockies
Treatment Services**

Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW MENTAL HEALTH, DRUG AND ALCOHOL
RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT
CAREFULLY.

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act ("HIPAA"), 42 U.S.C. § 1320 *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, Volunteers of American Northern Rockies may not say to a person outside that you attend the program, nor may Volunteers of America Northern Rockies disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

Volunteers of American Northern Rockies must obtain your written consent before we can disclose information about you for payment purposes. For example, Volunteers of America Northern Rockies must obtain your written consent before we can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before Volunteers of America Northern Rockies can share information for treatment purposes or for health care operations. However, federal law permits Volunteers of America Northern Rockies to disclose information without your written permission:

1. Pursuant to an agreement with a business associate;
2. For research, audit or evaluations;
3. To report a crime committed on Volunteers of America Northern Rockies premises or against Volunteers of America Northern Rockies personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities report suspected child abuse or neglect;
6. As allowed by a court order;
7. Other examples can be found in the client handbook.

For example, Volunteers of America Northern Rockies can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a business associate agreement in place.

Before Volunteers of American Northern Rockies can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Your Rights

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. Volunteers of America Northern Rockies is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency. You have the right to request that we communicate with you by alternative means or at an alternative location. Volunteers of America Northern Rockies will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by Volunteers of America Northern Rockies except to the extent that the information contains

Psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Volunteers of America Northern Rockies records, and to request and receive an accounting of disclosures of your health-related information made by Volunteers of America Northern Rockies during the six years prior to your request. Also, at your request, you may choose not to have your treatment information disclosed to your health insurance carrier if you have paid for services out-of-pocket, unless the disclosure is required by law. You also have the right to receive a paper copy of this notice.

Volunteers of America Northern Rockies Duties

Volunteers of America Northern Rockies is required by law to maintain the privacy of your health information and to provide you with notice of its' legal duties and privacy practices with respect to your health information. Volunteers of America Northern Rockies are required by law to abide by the terms of this notice. Volunteers of America Northern Rockies reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Further, Volunteers of America Northern Rockies is also required to notify you if there has been a

breach of your confidential information after a risk assessment has been performed and are required to mitigate these breaches.

Complaints and Reporting Violations

You may complain to Volunteers of America Northern Rockies and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

Contact

Kelly Buckingham, Compliance Officer
1876 S Sheridan Avenue
Sheridan, WY 82801
307.672.0475

Effective Date: July 1, 2021

Acknowledgement

☐ I do not want a copy of this document.

☐ I have received a copy of this document.

You have received a copy of this notice in your client handbook. Additionally, the most current revision of this notice is available to you in the most current client handbook.

Additional rights can be found at www.aspe.hhs.gov or by contacting the privacy officer.

Signature of Patient/Guardian/Legal Representative	Date	Patient's Date of Birth
Relationship to Patient if signed by other than Patient	Date	

Communicable Diseases Policy

Volunteers of America Northern Rockies' (VOA) decisions involving persons who have communicable diseases shall be based on current and well-informed medical judgments concerning the disease, the risks of transmitting the illness to others, the symptoms and special circumstances of each individual who has a communicable disease, and a careful weighing of the identified risks and the available alternative for responding to a client with a communicable disease. Communicable diseases include, but are not limited to measles, influenza, viral hepatitis-A (infectious hepatitis), viral hepatitis-B (serum hepatitis), hepatitis-C, human immunodeficiency virus (HIV infection), AIDS, AIDSRelated Complex (ARC), leprosy, varicella (Chicken Pox), Severe Acute Respiratory Syndrome (SARS), including the SARS-CoV-2 (coronavirus) and tuberculosis. VOA may choose to supplement this list and in accordance with information received through the Centers for Disease Control and Prevention (CDC). Clients of VOA will assume an inherent risk of exposure to communicable diseases while receiving services. The organization will make an effort, when applicable, to follow rules, regulations, and best practices from contract or grant agencies, local departments of health, healthcare providers, and the CDC, to reduce risk of transmission at the workplace. Clients shall not be denied access to the workplace solely on the fact that they have a communicable disease, but VOA reserves the right to the fullest extent allowed by law exclude a person with a communicable disease from the workplace facilities, programs and functions if the organization finds that, based on a medical determination, such restriction is necessary for the welfare of the person who has the communicable disease and/or the welfare of others within the workplace. VOA will proceed on a case-by-case basis to deal with individuals diagnosed with any communicable disease VOA will comply with all applicable statutes and regulations that protect the privacy of persons who have a communicable disease.

Volunteers of America Northern Rockies
Treatment Services
SLIDING FEE SCALE (Effective October 15, 2010)

Annual Household Income	Daily Rate
\$0.00-\$12,880	\$10.00
\$12,881-\$17,130	\$11.00
\$17,131-\$17,774	\$12.00
\$17,775-\$19,320	\$15.00
\$19,321-\$25,760	\$20.00
\$25,761-\$32,200	\$25.00
\$32,201-\$38,640	\$30.00
\$38,641-\$45,080	\$35.00
\$45,081-\$51,520	\$40.00
\$54,521-\$57,960	\$45.00
\$57,961-\$64,400	\$50.00
\$64,401-\$70,840	\$55.00
\$70,841-\$77,280	\$60.00
\$77,281-\$83,720	\$65.00

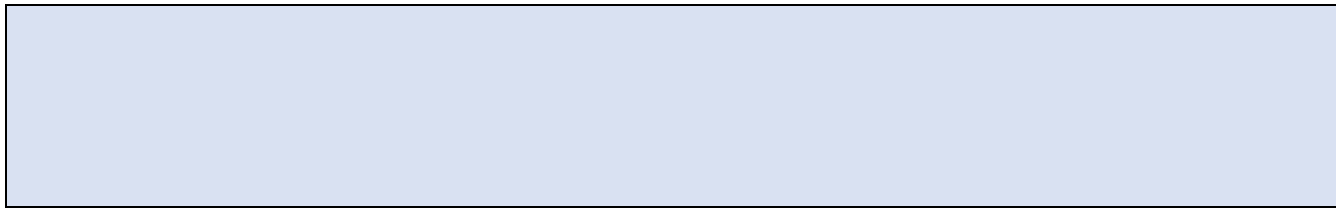
\$83,721-\$90,160	\$70.00
\$90,161-\$96,600	\$80.00
\$96,601-\$103,040	\$90.00
\$103,041-\$115,920	\$100.00
\$115,921-\$128,800	\$150.00
\$128,801-\$141,680	\$175.00
\$141,681-\$154,560	\$200.00
\$154,561-\$167,440	\$215.00
\$167,441-\$180,320+	\$225.00

Fee Schedule for Service Types

<u>Service</u>	<u>Unit</u>	<u>Full Fee</u>	<u>Maximum Client Responsibility</u>
Clinical Assessment MH	Hour	\$ 200.00	VOANR Sliding Fee
D/A or D/V Evaluation	Flat Fee	\$ 200.00	\$200.00
ASI/DV Testing	Flat Fee	\$ 40.00	\$40.00
Open Client D/A or D/V Evaluation	Hour	\$ 200.00	VOANR Sliding Fee
Individual and Family Therapy	Hour	\$ 200.00	VOANR Sliding Fee
Community Based Therapy	Hour	\$ 200.00	VOANR Sliding Fee
Outpatient Group	Hour	\$ 100.00	VOANR Sliding Fee
Intensive Outpatient Group	Hour	\$ 50.00	VOANR Sliding Fee
Case Management	Hour	\$ 200.00	VOANR Sliding Fee
Day Treatment Group	Hour	\$	VOANR Sliding Fee

		100.00	
		\$	Not Subject to VOANR Sliding
Emergency Services	Hour	200.00	Fee Scale
		\$	Not Subject to VOANR Sliding
Education Services	Hour	50.00	Fee Scale
		\$	
Skills Training	Hour	100.00	VOANR Sliding Fee
		\$	
Skills Training Group	Hour	100.00	VOANR Sliding Fee
		\$	
Peer Specialist	Hour	100.00	VOANR Sliding Fee
		\$	
Peer Specialist Group	Hour	100.00	VOANR Sliding Fee
		\$	
Psychiatric	Hour	300.00	Depending upon complexity
		\$	
Psychological Evaluation	First Hour	350.00	Not Subject to VOANR Sliding
	Each		Fee Scale
	Additional	\$	Not Subject to VOANR Sliding
	Hour	250.00	Fee Scale
<u>Psychological Testing add on to Evaluation</u>			
		\$	Not Subject to VOANR Sliding
Development Screening	Flat Fee	50.00	Fee Scale
		\$	Not Subject to VOANR Sliding
Emotional/Behavioral Screening	Flat Fee	13.50	Fee Scale
		\$	Not Subject to VOANR Sliding
Administration of Testing	Flat Fee	56.00	Fee Scale
		\$	Not Subject to VOANR Sliding
Automated Testing	Flat Fee	4.50	Fee Scale
		\$	
SA/MH Residential Treatment			
Services	Day	225.00	VOANR Sliding Fee
		\$	
Missed Appointment	Per Occurrence	10.00	Client Responsibility
		\$	
DUI Evaluation	Evaluation	200.00	\$200.00
		\$	Not Subject to VOANR Sliding
DUI Class	Class	140.00	Fee Scale

MH Evals are billed off of the Sliding Fee Scale and DA/DV are billed at the flat fee, with maximum client responsibility of \$175. VOANR Assessments are billed to third party payers at the full rate of \$240. If an individual comes to the agency with an ASI completed, the maximum client responsibility will be \$175. The ASI is billed to those clients that have had an assessment with VOANR within the last year, however the ASI has been completed more than 90 days ago. Agency Based Emergency Services are billed based on the Sliding Fee Scale.



Rates for Individual Services												
				Household Size								Percent of Fee
FP L	Annual Income			1	2	3	4	5	6	7	8+	
100 %	\$0.00	-	\$ 12,880	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	2%
133 %	12,881	-	17,130	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	4%
138 %	17,131	-	17,774	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	6%
150 %	17,775	-	19,320	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	8%
200 %	19,321	-	25,760	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	11%
250 %	25,761	-	32,200	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	\$ 4.00	14%
300 %	32,201	-	38,640	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	\$ 4.00	17%
350 %	38,641	-	45,080	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	20%
400 %	45,081	-	51,520	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	\$ 8.00	23%
450 %	51,521	-	57,960	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	\$ 12.00	26%
500 %	57,961	-	64,400	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	\$ 16.00	30%
550 %	64,401	-	70,840	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	\$ 22.00	34%

600 %	70,841	-	77,280	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	\$ 28.00	38%
650 %	77,281	-	83,720	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	\$ 34.00	42%
700 %	83,721	-	90,160	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	\$ 40.00	46%
750 %	90,161	-	96,600	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	\$ 46.00	50%
800 %	96,601	-	103,040	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	\$ 52.00	55%
900 %	103,041	-	115,920	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	\$ 60.00	60%
100 0%	115,921	-	128,800	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	\$ 68.00	65%
110 0%	128,801	-	141,680	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	\$ 76.00	70%
120 0%	141,681	-	154,560	\$ 150.00	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	\$ 84.00	75%
130 0%	154,561	-	167,440	\$ 162.00	\$ 150.00	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	\$ 92.00	81%
140 0%	167,441	-	180,320	\$ 174.00	\$ 162.00	\$ 150.00	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00	87%
160 0%	180,321	-	206,080	\$ 186.00	\$ 174.00	\$ 162.00	\$ 150.00	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	93%
180 0%	206,081	-	230,00+	\$ 200.00	\$ 186.00	\$ 174.00	\$ 162.00	\$ 150.00	\$ 140.00	\$ 130.00	\$ 120.00	100%

Volunteers of America Northern Rockies sliding fee scale is consistent with the guidelines as defined by the Health Resources and Services Administration for Contractors participating in the National Health Service Corps as well as in compliance with the Behavioral Health Division Sliding Fee Scale guidelines. All fees are based upon gross annual income and household size per Federal Poverty Guideline levels. The sliding fee is not applied to agencies, organizations and third party payers; it will be applied only to the client's payment responsibility.

Volunteers of America Treatment Services sliding fee scale will be reflective of patient's ability to pay. No Wyoming resident may be denied services based solely on their inability to pay for cost of services. Patients who are still in treatment may make payments on their treatment bills to the extent they are able to do so.

**VOLUNTEERS OF AMERICA NORTHERN ROCKIES
TREATMENT SERVICES
PROFESSIONAL DISCLOSURE STATEMENT**

This disclosure statement is required by the Mental Health Professions Licensing Act of 1997 for all individuals who practice in the areas of Social Work, Counseling, Marriage and Family Therapy, and Addictions. The following employees of Volunteers of America Treatment Services are regulated by the Wyoming Mental Health Professions Licensing Board, which is located at 2020 Carey Avenue, Suite 201, Cheyenne, WY 82002, 307-777-6529.

With limited exception, information discussed and recorded at VOA Treatment Services is confidential. Patients will be asked to give written consent if information is to be released to third parties. Patients retain the right to privacy, unless these specific circumstances exist:

- 1) abuse or harmful neglect of children, the elderly or disabled or incompetent individuals is known or reasonably suspected
- 2) an immediate threat of physical violence against a readily identifiable victim is disclosed to clinician
- 3) in the context of civil commitment proceedings, where an immediate threat of self-inflicted harm is disclosed to clinician
- 4) the patient alleges mental or emotional damages in civil litigation or his/her mental or emotional state becomes an issue in any court proceeding concerning child custody or visitation
- 5) patient is examined pursuant to a court order
- 6) the validity of a will of a former patient is contested
- 7) information related to counseling is necessary to defend against malpractice action brought by patient
- 8) in the context of investigations and hearings brought by the patient and conducted by the board, where violations of this act are at issue

All professionals who work for Volunteers of American Northern Rockies Treatment Services will adhere to the National Association of Alcohol and Drug Abuse Counselor Code of Ethics, the Code of Ethics pertaining to their specific license/certification, as well as the VOA Treatment Services Code of Conduct. Please note that sexual intimacy with a patient is never appropriate.

The following clinicians are employed by Volunteers of America Northern Rockies and provide services through VOANR Treatment Services.

Heidi McNeil, MA, LPC, NCC, MBA (WY-1838)
Director – Center of Hope- Harmony House
M.A., Clinical Mental Health, Adams State University
M.B.A., Ashford University
B.S., Psychology, Colorado State University
B.A., Regents, Fairmont State University
A.A., Liberal Arts, Fairmont State University

Lisa Jordan, LCSW-451

Brad Hendry
Program Director

Ansonia Bell
Peer Specialist/Patient Navigator

Terri Smith
Peer Specialist- Clinical Assistant
Certified

**Volunteers of America Northern Rockies
Treatment Services
CODE OF ETHICS**

POLICY

VOA Treatment Services and its employees will encourage and practice ethical behavior in all aspects of business, including but not limited to marketing, admission, transfer, discharge, billing practices and relationships with other health care providers, educational institutions and payers.

PROCEDURE

This policy incorporates the following principles and those individuals representing Volunteers of America Northern Rockies will:

- Assert the ethical principles of autonomy, beneficence, and justice as a guide to my professional conduct.
- Not discriminate against patients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation, or economic condition.
- Exhibit objectivity and integrity and maintain the highest standards in the services offered.
- Recognize that the profession is founded on national standards of competency, which promote the best interests of society, of the patient, myself, and of the profession.
- Recognize the need for ongoing education as a component of professional competency.
- Uphold the legal and accepted moral codes, which pertain to professional conduct.
- Honestly respect the limits of present knowledge in public statements concerning alcoholism and other forms of drug addiction.
- Assign credit to all that have contributed to any published materials and for the work upon which the publications are based.
- Respect the integrity and protect the welfare of the person or group with whom I am working.
- Embrace, as a primary obligation, the duty of protecting patient's rights and will not disclose confidential information acquired in teaching, practice, or investigation without appropriately executed consent.
- Safeguard the integrity of the counseling relationship and shall ensure that the patient has reasonable access to effective treatment.
- Treat colleagues with respect, courtesy, and fairness, and will afford the same to other professionals.

- Establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the patient first, and then the counselor, the agency, and the profession.
- To the best of my ability actively engage in legislative processes, educational institutions, and the public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.
- Strive to maintain the financial integrity of treatment services without compromising the quality of care.
- Protect VOA Treatment Services by avoiding conflicts of interest, personally and professionally, and managing risks appropriately.
- Be knowledgeable of and practice principles of ethics and ethical behavior.
- Respect the personal boundaries of patients and patient family members and maintain appropriate professional relationships.

Administration and clinical departments will be responsible for development of and education for its staff in appropriate organizational and departmental ethics as well as supervision and discipline for those who violate these principles and standards. The Chief Compliance Officer will investigate all allegations regarding violations of the code of ethics.

Volunteers of America Northern Rockies
Treatment Services
Residential Patient Rights

All patients have the following rights:

- A. The right to impartial access to treatment, regardless of race, religion, sex, ethnicity, age, physical handicap, type of mental health or substance abuse disorder, or sources of financial support.
- B. The right to have personal dignity and privacy recognized and respected in the provisions of all care and treatment.
- C. The right to appropriate treatment and related services in a setting, and under conditions, that are most supportive of each patients' personal liberty, that restricts such liberty only to the extent necessary for the patients' treatment needs.
- D. The right to an individualized written treatment plan, the right to treatment based on such plan, and the right to periodic review and updating of the treatment plan as frequently as clinically indicated.
- E. The right not to participate in experimental treatment in the absence of the patients informed voluntary, written consent. The right to appropriate protection about such participation, including the right to a reasonable explanation of procedures to be followed, the benefits to be expected, the relative advantage of alternative treatments, the potential discomforts and risks of such treatment, and the right and opportunity to revoke such consent.
- F. The right to confidentiality of written and verbal communications between patients and staff, and the right to have all information recorded in the patient's records are the responsibility of all staff. Case records (including protected health information and social security numbers) are made available to regulatory agencies and funding sources for purposes of treatment, payment and health care operations per 45CFR. However, these funding sources are required to protect the confidentiality of individual patients.
 - 1. The fact of being a consumer of Treatment Services held as confidential information except as limited by 42 CFR, Part 2 which are regulations of the Federal Government relating to the confidentiality of alcohol and drug abuse patient records.
 - 2. The right, except as limited by 42 CFR, Part 2, to have confidential patient information only revealed or released with the patient's informed and written consent. Exceptions granted by 42 CFR include cases of imminent life-threatening physical danger to the patient or others, crimes committed on program premises or against program personnel, **instances of legally reportable child or adult abuse and neglect**, and release of information to qualified state and federal personnel and to authorized peer reviewers under a written oath of confidentiality. Confidential information may also be released, pursuant to a court order, which meets the requirements of 42 CFR, Part 2, and to the extent necessary to defend against a lawsuit initiated by or on behalf of a patient.
- G. The right to access, upon request, to his records, except that the patient may be refused access to:
 - 1. Information in such records provided by a third party under assurance that such information shall remain confidential, and
 - 2. Specific material in such records, if the professional responsible for the treatment services concerned, has decided, in writing, that such access would be detrimental to the patients' health or well-being.

- H. The right, for patients admitted on a residential or transitional care basis, to converse with others privately, to have convenient and reasonable access to the telephone and mail and to see visitors regardless of the visitor's age during scheduled hours.
- I. The right to assert grievances with respect to infringement of patient rights, including the right to have such grievance heard by the program. You have the right to resolve questions or problems regarding your treatment through first discussing the matter with your therapist and clinical director. If not resolved, you may initiate a grievance without fear of retaliation through requesting the assistance of our receptionist, who will provide you with a copy of our grievance procedure and the necessary for to be completed.
- J. The right to referral, as appropriate, to other providers of mental health or substance abuse services upon discharge.
- K. The right to wear their own appropriate clothing; to keep and use personal possessions, including toiletry articles unless the articles may be used to endanger their own or others' lives; and to keep and be allowed to spend their own money.
- L. The right to be free from physical restraints and isolation.
- M. The right to a fair hearing on the State Level for actions or omissions by Volunteers of America that result in the denial, suspension, or termination of services or otherwise in the delivery or non-delivery of services; or that result in inadequate quality of services.
- N. The right, should other rights of the patient be limited or denied because of clinical contraindications, to have such limitations or denials fully documented in the patient's clinical record.

I have been informed and have a clear understanding of my rights as a patient of Volunteers of America Northern Rockies Treatment Services.

HEALTH ALERT: If you are a moderate to heavy consumer of alcoholic beverages, drugs, or if you have ever used any type of IV drugs in the past, you are at a higher risk for contracting communicable diseases, such as sexually transmitted infections, tuberculosis, hepatitis B, hepatitis C and/or HIV/AIDS. We recommend you contact your personal physician or your local county health department for a tuberculosis and/or HIV identification test. The local health units are:

Albany County Health
Department 609 South 2nd St.
Laramie, WY 82070
307.721.2561

Goshen County Health
Department
2025 Campbell Drive
Torrington, WY 82240
307.532.4069

Platte County Health Department
718 9th Street
Wheatland, WY 82201
307.322.2540

Laramie County Health
Department
100 Central Avenue
Cheyenne, WY 82007
307.633.4000

Sheridan County Public Health
297 S. Main Street
Sheridan, WY 82801
307.672.5169

Sage West Health Care
1035 Rose Ln,
Riverton, WY 82501
(307) 463-7160

AUTHORIZATION FOR TREATMENT AND BILLING:

"I acknowledge that I have read and understand the foregoing Financial Agreement and agree to abide by all of its terms and conditions. I further acknowledge that I have received and reviewed a copy of Volunteers of America Northern Rockies Patient's Rights and Professional Disclosure Statement, Privacy Notice, and orientation materials, and I understand their contents. I hereby give my permission and consent for treatment, and for the billing of my services."

Signature of Patient/Guardian/Legal Representative	Date	Patient's Date of Birth
Relationship to Patient if signed by other than Patient	Date	

**Volunteers of America Northern Rockies
Treatment Services
Patient Grievance Procedure**

Any patient of Volunteers of America, who feels they have a grievance regarding their treatment, the operations of Volunteers of America or a specific staff member, is instructed to follow the following procedure to resolve this problem.

1. The patient will first attempt to discuss the matter directly with the individual(s) involved.
2. If the patient is not able to achieve successful resolution of the matter by discussing it directly with the individual(s) involved, he/she shall then discuss this situation with their clinician. The clinician shall be responsible to document the nature of the grievance and steps taken to resolve the matter.
3. If the patient does not find the grievance to be resolved following the meeting with their clinician, they may present a written statement of the grievance and the hoped-for resolution to the appropriate Clinical Director, along with the steps taken to resolve the conflict to date. This must be done within three working days from the date of the original grievance. The Clinical Director shall be responsible to investigate and then formulate a written response and to document action taken to resolve the grievance and forward a copy of this to the appropriate Volunteers of America's Senior Director to review. This will be completed within three business days.
4. If the patient does not find the grievance to be resolved following step 3, they may present a written appeal directly to the appropriate Senior Director within three business days of receiving the written response from the Clinical Director. The Senior Director will review this appeal and will have five business days to investigate. The Senior Director may interview staff and patients and may schedule an interview with the individual presenting the grievance. At the end of five business days, the Senior Director shall provide a written statement of their findings and decision regarding the grievance appeal to the patient.
5. If the patient does not find the grievance to be resolved following step 4, they may present a written appeal directly to the Executive Vice President of Operations for Volunteers of America within three working days of the Senior Director's statement. The Executive Vice President will review the grievance in a manner they deem appropriate to the situation, and at the end of seven working days will provide a written statement to relevant persons of their findings and decision.
6. If the patient believes their grievance has not been satisfactorily resolved at this point, they can submit their grievance to the State of Wyoming's Division of Substance Abuse. A Senior Director of Volunteers of America shall facilitate this process.

Signature of Patient/Guardian/Legal Representative	Date	Patient's Date of Birth
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Relationship to Patient if signed by other than Patient	Date	
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Volunteers of America Northern Rockies

Treatment Services Patient Expectations

General Expectations:

1. Staff has the right to inspect any personal belongings for alcohol, drugs, or other contraband at any time. Some styling products containing alcohol may not be permitted. Aerosol cans are not permitted.
2. Use of alcohol or drugs by a patient may be cause for dismissal from the Volunteers of America Treatment Services Program.
3. Patients must be out of bed by 6:00 AM each weekday. Patients must be out of bed by 7:00 AM on weekends.
4. Patients may go to bed after evening programming is complete and must be in bed by 10:00 PM. Weekday **lights out at 10:00 PM**. Weekend **lights out time will be 12 midnight**.
5. House patients must be fully clothed when in any of the public areas of the treatment facilities. Shirts and footwear (slippers and shower shoes prohibited in public areas) must be worn always. Clothes must be clean always. During scheduled program time, you will clothe yourself in an appropriate manner, pajama pants may NOT be worn in public areas at any time. Hats or any other headwear is prohibited in the buildings. Provocative clothing (no shirts with open sides are allowed) is inappropriate and is not permitted, this includes muscle shirts and white undershirt tank tops. Clothing which advertises alcohol or drugs is not be allowed. Staff reserves the right to prohibit certain types of jewelry that may pose a non-recovery appearance. Shoes in good condition should be worn, sandals can be worn. Shower shoes are not acceptable footwear unless worn in a private room or bathroom. Sunglasses are not to be worn in the facility, unless prescribed for medical reasons.
6. Patients will maintain personal cleanliness. All patients will be required to shower daily.
7. **Smoking is not permitted in the buildings. Smoking will only occur in designated places during designated times. Chewing tobacco and e-cigarettes are not allowed on VOA property at any time.** Patients are not to take their cigarettes off campus. The only exception being 12 Step meetings where smoking after the meeting can network with the recovering community. In addition, purchasing cigarettes is limited to the designated store runs approved by staff. Past/current clients are not authorized to collect funds and purchase these items for current clients.
8. All patients are to respect the Treatment facilities and its property.
9. The Clinical staff will assign sleeping rooms. No room changes will be made without staff approval.
10. Periodic bed checks will be made throughout the day/night.
11. Patients are to sleep in appropriate sleepwear.
12. Incoming mail will be opened in the presence of staff to ensure that no paraphernalia or drugs are entering the building. Center of Hope does not restrict incoming our outgoing mail unless requested to do so by the resident or an official legal entity or in respect to a court or protection order. If a participant sends or receives mail in a manner that is harmful or illegal, he is subject to correctives and program rules on endangerment.
13. Dropping off items outside of Sunday visitation time is prohibited. Patients may only receive items in a dropped off manner on Sunday, during the hours of 2-4pm, with the approval of their

- primary. (designated form must be completed) Only applicable for social detox level.
14. All patients must sign out whenever leaving the facility and sign in upon return. Times, destination, and purpose are to be noted.
 15. Two meals will be prepared per day, Monday - Friday. Patients may expect small variations in actual mealtimes. Food is not permitted in any area other than the dining area. No food can be in a resident room at any time (a 12-pack of soda is allowable). Patients are expected to use good table manners and proper health/hygiene practices. All patients must sit in the dining area during meals for a minimum of 15 minutes, even if they are not eating. Patients will consume a reasonable amount of food to assure that there is sufficient food for all patients.
 16. All patients are expected to participate in the day-to-day cleaning activities and will “give back” to VOA Treatment Services. Sleeping rooms must be kept clean, neat and tidy always. This includes cabinets and desks. There will be no dirty laundry on the floor. If patients are to be absent for any reason, it is their responsibility to plan with the Staff (Chore Facilitator), regarding their house duties. Chores will not be limited to scheduled time. **“Deep Scrub” will occur each Saturday/Sunday. Times for cleaning will be posted.**
 17. Patients are responsible for their own personal laundry. Lint filters on dryers must be emptied after each use. Patients are to monitor their laundry closely and remove their clothing promptly.
 18. All patients are subject to random drug screening. This can include drug dogs and police. Participation is mandatory and refusal to participate will be considered a positive test result.
 19. Sexual advances and sexual behavior will not be tolerated toward patients or staff.
 20. If you part with something of value to another patient, make sure you can afford to lose it. If you lend it, consider it a gift.
 21. Patients are not allowed to enter staff offices without permission or when doors are closed.
 22. Patients are not allowed to make phone calls without staff approval.
 23. A threat of violence or actual violent behavior may be grounds for immediate discharge.
 24. Patients may not touch another person without permission from the other person.
 25. Patients are to learn and follow all safety/emergency rules of the residential facility.
 26. Theft from other patients or staff is unacceptable and may result in discharge.
 27. Patients will not display any type of racial, gender, or sexual prejudice. This includes any gang affiliation.
 28. Recovery oriented attitudes and behaviors are expected always.
 29. Patients may not lie down on the couches or furniture at any time.
 30. Patients may not engage in horseplay (tripping, pushing, stepping on heels, wrestling, or any other physical contact) inside or outside the building.
 31. During free time patients may: watch TV, hang out or nap in their assigned room, play games, do written assignments, shower, etc.
 32. Television may only be watched during scheduled free time. Breaks between treatment groups is not free time.
 33. Candles, incense, etc. cannot be in a patient’s possession.
 34. Obscene pictures/posters may NOT be displayed in resident rooms at any time. Clients are not able to damage the room in any way and will be fine based on damage done
 35. While in-group patients will:
 - a. Sit in their chair appropriately.
 - b. Be attentive.

- c. Listen to feedback from staff or peers and refrain from responding until all feedback has been given.
 - d. Not engage in “cross-talking”.
 - e. Immediately direct their attention back to the group process when instructed to “focus up”.
 - f. Immediately re-orient self to follow all group rules/procedures when “focus-up” is announced.
36. Medication is to be taken as prescribed; lapses may be addressed by staff. Patients are expected to provide their own medications throughout his/her treatment experience.
 37. Except for self-help meetings and other outings, all off-grounds trips must be approved by the clinical staff or their designees using an off-grounds request form.
 38. Patients and visitors are not permitted without specific permission to use cell phones in the buildings on Treatment Services grounds. **Personal electronic devices (iPods, computers, cell phones, and electronic cigarettes/vaporized tobacco products, etc.) are also prohibited.** Cell phones and computers can be used when off-site. Work and Education based needs can be discussed.
 39. Patients may not eat, drink, or use tobacco of any kind in the company van or car. All trash is to be removed from the vehicle upon completion of any trip.
 40. Patients need to shower daily
 41. Recreational activities will only occur during scheduled recreation and/or free time. All patients will participate in scheduled recreation time.
 42. While attending the fitness center, all patients will participate in some form of physical exercise. Sitting around watching tv or on the couch are not considered physical exercise and are not allowed.
 43. Patients are not to sunbathe. Treatment Services bedding may not be removed from the building.
 44. Hair dye, including peroxide, must be pre-approved by your clinician.
 45. If patients become ill and would like to lie down, they must follow all instructions on the “Lie Down Request Form”.
 49. Staff will distribute mail as it arrives at or about 4:30 PM daily. Mail may be inspected by staff.
 50. **Arguing with staff or other family members is not allowed.** If you have a conflict with another peer, work out the difference in a respectful way. Arguing with others may result in a LOP (loss of privilege) for yourself or the group family.
 51. Support: Upon admission to treatment, a patient will be assigned to a “Big Brother” “Big Sister”. The “Lil Brother” “Lil Sister” must be accompanied by his “Big Brother”/” Big Sister” from check-in (morning) to the last meeting of the day (evening). An exception is if the Big Brother/ Big Sister has a therapy session, or work that requires them to be off site. If for some reason the “Big Brother” / “Big Sister” is unable to support the “Little Brother”/ “ Lil Sister”, s/he must reassign support to another member of the house.
 52. When outside, all patients need to be visible to staff always.
 53. Patients must have a valid operator’s license and proof of insurance before they will be allowed to use their vehicles.
 54. Patients may not loan their vehicle to other patients.
 55. No other resident may ride in the vehicle unless pre-approved.
 56. Patients are responsible for gathering their personal belongings upon departure after graduation

and VOA Treatment Services will not be responsible for items which are left behind. Patients who are discharged from the program At Staff Request or Against Staff Advice will have their belongings stored for a period of 30 days, after which they will be disposed of (Salvation Army, or similar entity that serves the public) if the patient has not planned with Treatment Services staff to have the belongings forwarded or to have a third party pick them up. All third-party pick-ups will need written authorization from the patient for us to be able to release the belongings. Items may only be picked up with proper authorization between the hours of 8am and 4pm Monday through Friday. There will be no release of items outside of these hours.

57. Patients should stay in the common areas and away from the desk while a technician is doing an intake for someone coming into the program.

Volunteers of America Northern Rockies Treatment Services

PATIENT RESPONSIBILITIES

- **To become familiar with and abide by the expectations of Volunteers of America.**
- **To respect the rights and property of other patients, staff, and of Volunteers of America.**
- **To participate in the planning of your treatment program.**
- **To take care of your physical needs (medical, grooming, showering and dressing) in so far as you are physically able.**
- **To tend to normal housekeeping responsibilities in your living area, i.e. make the bed, taking care of your clothing, and keeping the community area(s) clean.**
- **To take reasonable care in the security of your personal property.**
- **To familiarize yourself with your rights and responsibilities.**

Volunteers of America Northern Rockies

Treatment Services

Recovery Values

Acceptance – The process of accepting my situation as it is.

Completion – Finishing what I start and earning that sense of accomplishment.

Community – What I do impacts you, and what you do impacts me.

Confidence – The personal trust I develop by being successful.

Effort – An earnest attempt to accomplish a goal.

Feeling – The capacity to experience sensitivity and caring for all, not just me.

Humility – Willingness to take whatever action needed to achieve recovery.

Initiative – The ability to take action on my own without prompting.

Integrity – Doing the right thing even when no one is watching.

Open Channel – Honest communication both ways with a self-critical attitude.

Patience – Bearing pain, difficulty, provocation, or annoyance with calmness.

Respect – To feel and show regard, esteem and appreciation for all that is worthy.

Responsibility – Ability to make rational, moral decisions and accept the results.

Spirituality – Recognizing the existence of an intangible higher power.

Support – Being a resource to those around me.

Trusting – Understanding that people care even though they see me as I am.

These are the values I need to live by to be a healthy and successful person. I agree to learn these principles and use them daily.

TREATMENT SERVICES THERAPEUTIC COMMUNITY (TC) DEFINITIONS

FAMILY: Patients and staff need to feel as though they are part of a recovering “family”. When addressing the group, patients and staff will incorporate “family” into their statement. For example, one might say, “good afternoon family”. Patients are to view each other as brothers/sisters. Patients are to use the recovery value “community” when developing a sense of family. They are to focus on the ways in which their behaviors influence their family and their house.

SUPPORT: While on “support” status, patients must be escorted by a same gender peer to all areas on Treatment Services grounds. House Leaders will be responsible for orienting newcomers to the therapeutic community process and will redirect non-recovery-oriented attitudes and behaviors. House Leaders new brothers/sisters are to feel a strong sense of responsibility for the new brothers/sisters. The House Leader oversees the relationship. The House Leader is also responsible for assisting the new brothers/sisters in becoming familiar with the TC process and definitions.

House Leaders: House Leaders will be appointed by clinical staff, with input from previous House Leaders, and will be responsible for the following duties:

1. demonstrating a positive and recovery-oriented attitude
2. identify positive behaviors amongst their peers as well as confronting negativity within the house
3. practice skills that support leadership characteristics: Boundaries, Courage, Communication, and Commitment (LH) and Boundaries, Communication, Confidence, and Integrity (GP)

Learning Experience: will take various forms and will occur as the result of non-recovery-oriented attitudes, behaviors, and/or rule violations. Staff will define the nature of the learning experience. Violations of the learning experience by family members will be taken seriously and may result in discharge.

HOUSE MEETING: If a family member is experiencing serious emotional, behavioral, or attitude problems, he or a family member may request a “family meeting”. If staff, including recovery mentors, decides a patient needs family assistance, a “family meeting” will be called. This entails the house sitting down, with staff, to work through the matter at hand.

FOCUS UP: This term is used to re-focus a family member back to group or discussion (see expectation #37).

PROTOCOL: Protocol is utilized in group setting to call attention to a peer not following group etiquette (see expectation #37).

Self-Administered Medication Guidelines

To provide continuity of health care for patients in recovery from addiction, VOA Treatment Services employees will **monitor** a patient's medications needed for the treatment of chronic and/or acute illness. Monitoring of a patient's medications may consist of, however is not limited to, storing and locking of the medication in an individual container marked with the patient's name, performing an intake of all medications (Over-the-counter, prescription, herbal, vitamins, etc.) and completing the appropriate form (*medications brought into and leaving the facility*), monitoring the patient count the medications upon intake, complete the Medication Administration Record (MAR), encouraging the patient to be responsible for self-administering his/her own medication at medication times or other times outside of scheduled medication times if needed, encouraging patient to call in prescription refills (if available), and finally encouraging the patient to follow-up with the nurse or their health care provider to discuss questions and/or concerns.

For any patient who must take medication during their recovery program with Volunteers of America Treatment Services, the following guidelines have been established:

1. All medication (Prescription, Over-the-Counter, herbal, vitamins, etc.) must be brought in the **original container**. MEDICATION IN BAGGIES, SEALED ENVELOPES, UNLABELED BOTTLES, ETC WILL NOT BE ACCEPTED.
2. Prescription medication must be labeled by a pharmacist to include; the date, patient's name, physician's name, medication name, dosage and time it is to be taken.
3. Any prescription medication given to a patient in the form of samples must be labeled for accuracy for Treatment Services staff.
4. All medications will be kept in an individual container/ Bubble Packs and stored in a locked cabinet, unless an exception is approved by the Program Director or Senior Director which may include; heart medication, asthma medication, Epi-pens, etc.
5. The patient will be responsible for coming to the horseshoe at the designated medication times and self-administer the medication in the presence of a Center of Hope Team member.
 - a) The Center of Hope team member will retrieve the patients' container from the locked cabinet/ drawer.
 - b) The resident will remove the needed medication(s) from the appropriate prescription bottle and pour prescribed amount into the palm of their hand to be observed *Encourage resident to take one (1) medication at a time*
 - c) *
6. The patient and the Center of Hope employee will initial the appropriate date and time in the eMAR.
7. A patient wishing to discontinue the use of a prescription medication must put in a Nurse Request Form to discuss the medical condition and must then sign a Self-Administered Medication Waiver to discontinue the medication. However, a patient choosing to discontinue a medication that the nurse and clinician think is crucial to stabilization and attention to treatment could result in a medical discharge.

8. **Any medication turned in for disposal, any medication that is not allowed in the facility and/or any controlled substances will NOT be returned upon discharge.**
9. If there are additional medical needs the resident is expected to work with Harmony House staff to address the medical need.
10. Medical issues that can safely be postponed until after treatment will not be addressed while in treatment.
11. Harmony House will not be responsible for payment of patient's medical expenses.

Unacceptable Behaviors and General Policies

It is acknowledged that patients at Treatment Services may have developed inappropriate behavioral coping mechanisms which, at times, may include violence and destructiveness either to themselves, others, or other's property. It is our policy that such behavior, although understood by staff, is not tolerated and that the safety of patients, treatment staff, and facility property is of paramount importance. Policy is therefore developed to ensure that such behavior is dealt with therapeutically and with patient and staff safety in mind.

Although **Treatment Services does not approve or the use of seclusion or restraints**, patients exhibiting destructive or violent behavior towards themselves, staff, or others' property, or threatening such action on a consistent basis, may be dealt with in the following manner:

1. The range of disciplinary action will vary from being given a verbal warning that such behavior is not acceptable to immediate discharge from the program.
2. A written Critical Incident Report will be completed by the appropriate staff member detailing all aspects of the incident.
3. The incident will be viewed by the staff considering the following criteria:
 - a. Patient's history of violence, if any;
 - b. Precipitating factors to the incident;
 - c. Level of destruction or injury;
 - d. Patient's level of maturity, psychological/emotional level of functioning; and
 - e. Patient's feelings (i.e. remorse) about the incident.
4. Whenever possible, the staff will meet to decide as a treatment team what disciplinary action, if any, is warranted. When this is not practical, the staff member filling out the incident report will notify the on-call clinician or the Program Director who will advise of further action.
5. The guiding criteria for all disciplinary action will be therapeutic in nature, considering what is in the best interest of the patient's treatment and the safety of other patients/staff.
6. Restitution will be made by the patient for all damages caused by him/her.

Illicit Drugs

Illicit drugs brought onto Treatment Services premises will be confiscated and will be disposed of according to Treatment Services policy and appropriate, necessary legal action will be taken. Random UA's will be conducted.

Weapons

Weapons will not be allowed on Volunteers of America Treatment Services grounds. Weapons, including pocket knives will be confiscated and stored accordingly and/or remanded to the custody of local Law Enforcement.

Tobacco Policy

As a drug treatment facility, Treatment Services is dedicated to promoting a healthy, clean, and safe environment. As tobacco use is a recognized health hazard, occupational health and safety laws must be upheld. Therefore, **smoking, including the use of cigarettes, pipes, electronic cigarettes, and cigars is prohibited inside buildings of the Volunteers of America grounds. Smokeless tobacco (chew), electronic cigarettes/vaporized tobacco products and loose-leaf tobacco are NOT allowed on VOA Treatment Services property at any time. This policy applies to all employees, patients, and visitors.**

Tobacco use will only be permitted outside of buildings and in designated smoking areas. . Patients must dispose of all smoked cigarettes in the cigarette receptacle . Patients may **NOT** retain cigarettes that have been partially smoked, nor are patients are not allowed to look through the Smoker's Outpost for cigarettes to smoke.

Patients are not to take their cigarettes off campus, with the only exception being 12 Step meetings where smoking after the meeting can network with the recovering community.

Court Appearances

Any patient who must appear in court will be expected to notify staff in advance of the date, time, location, and transportation arrangements. If you anticipate that Volunteers of America will receive phone calls regarding your legal matters, please inform your primary clinician so, releases of information may be signed. Patients are expected to dress and act appropriately when appearing in court. Your appearance in required court proceedings will be your responsibility.

Advanced Directives

An advanced directive is a written directive that tells the doctor what kind of care you would like to have if you should become unable to make your own medical decisions. All concerns regarding advanced directives will be referred to Sheridan Memorial Hospital.

Cell Phone Policy

No cell phones may be used by patients or visitors within the Treatment Services buildings.

Healthcare Options

Any Wyoming resident is eligible to receive specific health care services with affiliated business associates Volunteers of America.

TREATMENT SERVICES

CONSENT AND AUTHORIZATION FOR TREATMENT

Upon admission to Volunteers of America Treatment Services, you have signed the following consent and authorization for treatment with VOA. Please review these policies.

1. **CONSENT FOR TREATMENT:** I voluntarily authorize VOA, its staff, and whomever they deem appropriate, to provide me with treatment for chemical dependency/abuse and/or other identified disorder(s). I understand that some services may be referred to outside practitioners and that I am responsible for payment to these consulting facilities. I further agree to be attended by nursing and counseling students who are in supervised training. All medications will be evaluated and approved, prior to self-administration. I understand that controlled substances, including those used during my social detoxification, will not be returned at time of discharge.
2. **CONSENT FOR SEARCH:** I hereby understand and consent to a non-invasive body search for **CONTRABAND** at any time. I further consent to allow search of premises or possessions (including vehicle) at any time while a patient of VOA. I understand that searches will be conducted by VOA personnel and/or designees consisting of law enforcement and trained canines.
3. **CONSENT FOR BAC/DRUG TESTING:** I hereby consent to VOA staff to perform breathalyzer or urine drug screening upon admit or whenever I return to the facility from outside or if VOA staff ever suspect that I have been drinking/using. I understand that refusal to allow the test may lead to immediate discharge from the program.
4. **CONSENT TO BE PHOTOGRAPHED:** I hereby consent to have my photograph taken by VOA staff for identification. I understand that this photograph will become part of my permanent record.
5. **CONSENT FOR FUTURE CONTACT:** I agree to be contacted by VOA staff after discharge for determining treatment outcomes. I understand that my confidentiality and anonymity rights will be observed.
6. **PLEDGE OF CONFIDENTIALITY:** VOA staff have explained to me and I understand and hereby agree to the legal restrictions affecting confidentiality of alcohol and drug abuse (*42 CFR Part 2, 45 CFR Part 160 and 164*). I hereby pledge to protect the confidentiality of patients and their families at the VOA. I understand that I am not to mention the names of any patients or their families; I further agree not to discuss any situations that may occur.
7. **PLEDGE TO FOLLOW EXPECTATIONS, RULES AND REGULATIONS:** I hereby pledge to follow the rules and regulations set forth by VOA. I understand that any violation may lead to immediate discharge from the program.

Center of Hope Residential Program Guidelines

Purpose: Our program has been designed to help men who are dedicated to achieve and maintain quality, long-term sobriety. There are several specific goals that program residents are expected to achieve which will guide them through this life-long journey. They include:

1. Development of Sobriety and Personal Accountability

A primary goal of Center of Hope is to promote recovery from addiction and foster personal growth and accountability. The graduated steps and phases of the program are designed to encourage participants, over time, to develop and implement the skills they are learning in treatment. Recovery involves not only abstinence from alcohol or drug use but growth as a person in all of life's major activities.

2. Developing Responsibility

The therapeutic community and staff employ "learning experiences" and earned privileges as part of the recovery and personal growth process. Patients are expected to abide by all program rules, including the fulfillment of their share of house maintenance activities. Patients and staff members act as facilitators, emphasizing personal responsibility for one's own life and self-improvement.

Patients are encouraged to work within the 12- step system and resolve personal and interpersonal conflicts in a thoughtful and constructive manner. Patients are expected to apply the tools they learn in treatment to situations both inside and outside the program whenever and wherever opportunities to do so are available.

3. Improving Family Relationships

Many participants' previous lifestyle choices have led to unhealthy relationships with their families. Sobriety creates clearer thinking that often times leads patients to seek reconciliation with their families. The program teaches patients how to begin the amends process, communicate clearly, and empathize with family members. Family counseling may be arranged at a later date through Volunteers of America. When appropriate, family members and significant others may be included in the recovery process for the participant through structured activities or interventions in accordance with the treatment plan. Patients with children can also participate in parenting education classes to develop better skills in their personal parenting style.

4. Development of Job-Readiness Skills

Work and meaningful life activity is an essential part of developing positive self-esteem. In order to foster the development of positive self-esteem, patients will explore career interests and skills. For those who cannot work or who are unable to find suitable employment, volunteer involvement in the house and/or community are expected as a method for developing meaningful daily activities and community involvement.

5. Educational Evaluation and Enrichment

Minimum educational preparation is necessary for even modest involvement in community life. Our goal focuses on patients attaining a GED through either tutorial assistance or supervised self-guided study. Educational goals can be incorporated into treatment plans, and individual therapists will assist interested patients to secure their GED. They can also register for college classes but cannot attend until entering the transitional portion of the program. When in the transitional program and or step down portion of the program , patients can register for and attended vocational training, personal enrichment courses, technical courses and college level courses. Which are scheduled to begin after the graduation of their treatment program.

6. Constructive Use of Leisure Time

New social interests, hobbies and healthy relationships become critical to a participant who no longer chooses a lifestyle built around drugs and/or criminal activity. The development of constructive leisure time is accomplished by having each participant structure his down time to maximize opportunities for positive and constructive learning experiences. In addition, Transition's works to provide interactive, socializing, recreational activities to teach community members how to have fun without the use of alcohol or other drugs.

7. Independent Living Skills

Patients learn through hands-on practice how to cook, menu plan, seek employment, complete other self-care and home skills.

8. Community re-integration

The program emphasizes the integration of an individual within his community of choice. The therapeutic community itself is viewed as the modality for individual change. All members of the community, including staff members, are expected to be role models who, by example, teach appropriate behaviors in program functions and activities. Mutual help, also known as self-help or peer support, requires the person to actively participate in his own treatment and the treatment of others by using the community as an educational format.

Transitional Living Program Guidelines

Purpose:

To provide individuals a safe and structured living environment that is supportive of their recovery efforts. Transitional living will provide a drug and alcohol-free homelike environment for individuals who are self-sustaining but who require a minimal level of support and assistance to maintain recovery from alcohol and/or drug abuse. Transitional Living is an opportunity for an individual in recovery to live in a safe place while transitioning into mainstream society. **All Residents residing in the transitional level of care must participate in 3.1 level of care, which requires attending 4 hours of group and 1 hour of individual therapy weekly or must be enrolled in some sort of aftercare program (ASAM level 1 or 2.1). Weekly interventions must collaboratively equal a minimum of 5 hours of interventions.**

Full-time work and/or school and an income source are required for all residents. Each resident will be expected to set up a weekly payment plan, to pay their treatment bill.

Residents in the Transitional Living Program will:

1. Meet with the Peer Specialist/case manager for an application packet
2. Completed applications will be entered into each individuals file.

The purpose of each expectation of the program is to reinforce key recovery concepts: balance, integrity, accountability, planning, community, patience, responsibility, hard work, prioritization, and role modeling.

The program is in place to aid successful transition into the community through development of the concepts above.

As mentioned, when entering the transitional level of care each patient will be provided a contract, which includes expectations and other information. If the patient has any questions, please feel free to ask the appropriate Program Director. After reading the expectations, the patient will be required to sign the contract. This signing signifies a contract between the transitional resident and the facility.

Transitional Expectations/Rules

Transitions Residential Program

Resident Expectations

Transitional residents will need to complete an application and turn it into the Case Manager.

General Expectations:

- Each resident is required to participate in four (4) hours of group therapy weekly, which is required for ASAM level 3.1. Center of Hope/ VOANR will be offering group options.
- Each resident is required to participate in one (1) hour of individual therapy with his designated Center of Hope clinician, unless the resident is meeting with an individual counselor off-site. Individual sessions are required for ASAM level 3.1 program.
- Residents must obey all laws and requirement of courts, probation or parole.
- Residents are required to attend at least 2 community twelve-step meeting
- Residents must attend 1 in-house AA/NA meeting a week. (pending facility status)
- Before leaving the facility, all personal areas need to be in order.
- Allow time for meals; washing personal dishes or putting food away.
- Advise COH programming staff of work schedule, through the submission of a weekly schedule, this needs to be turned in weekly no later Friday at 9am. Please provide up to date contact info and pay dates to create a budget with.
- Work with Peer Specialist/Case Manager regarding any outstanding fines or debt, developing a savings and repayment plan, and creating a budget.
- If a resident is terminated or quits employment the resident is required to communicate that to his primary therapist within 24 hours.
- Residents will be responsible for assisting in maintaining the cleanliness of the residence.

Each resident will participate in the cleaning and maintenance (indoors and out) of the facility. **There will be random inspections of the rooms to ensure cleanliness.**

- Weekly upkeep is required. This includes weekly washing of sheets, vacuuming/sweeping, bathrooms cleaned.
- Bedrooms are to be free of clutter and orderly. This is a chance for roommates to learn to keep their belongings clean and organized while also respecting the overall cleanliness of the room.
- All residents will be required to maintain proper personal hygiene. Showering once a day is required.
- Beds are to be made each morning prior to leaving the home.
- Clothes are to be put away in appropriate places; not on the floor or beds.
- No candles or incense to be burned.
- Residents will be required to submit to random alcohol and/or drug testing when asked. If the resident does not submit to the test within 30 minutes, the test will be concluded as positive and the resident will be subject to discharge.

- Full-time work and/or school and an income source are required for all residents. If for some reason a patient is not capable of working 40 hours a week the patient will be required to engage in volunteer work or other responsibilities and commitments. Please meet with Program Director/ Case Manager to discuss volunteer work opportunities.
- Each resident will be expected to pay towards their bill no later than Friday of each week or as established this may be the 1st of each month.
- All resident medications are to be checked in with staff. A copy of the current prescription for each medication shall be provided to staff. Medication will be monitored by the staff at Transitions. **It is mandatory that Residents with mental health diagnosis maintain their mental health by taking medications as prescribed, meeting with doctor regularly, and communicating any changes to medications to their primary therapist.**
- Each resident will attend a minimum of (3) 12-step/self-help meetings per week.
- Each resident will identify a sponsor within two weeks, if one has not already been identified.
- Each resident will be required to sign appropriate releases of information and notify their primary therapist of any job changes.
- Each resident will honor a 9:00pm weeknight curfew and an 11:00pm weekend curfew unless work related and/or prior arrangements have been made.
- Residents will be required to fill out releases for their employer and probation officer if applicable.
- Each resident will anticipate residing in the home a minimum of 30 days and/or if clinically justified. Arrangements for discharge will be coordinated with the case manager and primary therapist.
- Residents must get approval from their primary therapist to be away from the home for more than 24 hours. If there is legal involvement, this needs to be approved by them as well.
- Residents will sign in and out, when going on pass.
- Residents are asked to wear a mask while out when social distancing cannot be upheld.
- Residents will be required to return their phone to staff upon return to the facility and check out their phone upon departure.

Appendix

Group Descriptions

1. Morning / Evening PDP: Client led group where the focus is on centering of self and community through word awareness, reading and reflection, and sharing the understanding of recovery values. (required)
2. Processing Group: Mandatory for residents in house. Staff facilitated group that should be the heart and soul of the group experience. These group sessions are process related and based and should include but are not limited to individual 's issues, (personal and community), group concerns, and healthy confrontations for the community as well as the individual. While the staff facilitates (coaches) the group the responsibility for the life of the group resides in its members. All residents are expected to be active in this group through self-reflection, sharing of feelings, thoughts, and observations about self and others, and identification of beliefs, attitudes or behaviors which help and/or hinder individual s or the group as a whole. No housekeeping, maintenance, or kitchen issues will be discussed in Circle Group. (Required)
3. Community Meeting: Client led group with the focus on community issues that involve staff assistance, direction and permission. These meetings are more related to the smooth and efficient operation of the community than direct therapy. This is the group to bring up housekeeping, kitchen, and maintenance issues. (Required)
4. Recreation/Movie: Encourages both community involvement and healthy living through exercise activities when weather and staffing permits, residents have the chance to do things such as hikes, horseshoes, painting, or cooking. Residents are expected to model appropriate community behaviors and are not to use this time to meet with persons outside the program, attempt to engage in personal relationships or other patrons, or any other behavior which could be considered inappropriate or that could place the individual, brothers, other persons or this activity at risk.
5. Cent\$ible Nutrition: Nutrition/cooking course taught by staff from the University of Wyoming using a participatory hands-on educational model. (required)
6. Peer Specialist Groups
 - a. 12 Step Study Group: In this group the peer specialist takes you through each of the 12 steps. You do not work the steps in this group but get an idea of what they are and how they could apply to you.

- b. Recovery Skills:** This Group will include recovery tools and skills for newcomers to 12-step recovery and those that may need to “refresh” and may feel they are stuck or stagnant in their recovery.
- 7. **Grief Group:** In Grief Group we will develop healthy coping skills particularly around death and other grief. There will be reading and assignments that go along with this course. There are two levels of Grief Groups, your clinician will assign you to the one that you will be required to attend.
- 8. **Seeking Safety:** This group is for people who have had trauma in their history. Residents work on developing positive self-talk and at least one healthy coping skill each week.
- 9. **Bible Study:** This group offers heightened awareness and understanding of faith. Weekly there will be bible discussion and reflection.
- 10. **Medicine Wheel:** 12-step approach with a Native American spirituality approach.
- 11. **Smudging, Sweats, Drum Sessions:** these provide a cultural awareness and immersion that offers a heightened understanding and bond with the Native American faith.
- 12. **Journalling:** a processing group that allows for thought processing on topics that each person takes the group and the next day to write on, and shares within the next journalling group.
- 13. **Crafts and Healthy Habits:** each of these groups provide a great opportunity to learn things to do to occupy our time, that are healthy, are done sober and provide joy to oneself and to others that we share the habits with.
- 14. **Mindfulness:** this is something where clients work with the facilitator to sit in the moment, work on the ability to be fully present, focus on the here and now, being fully present. This group works on waking up the inner workings of our mental, emotional and physical processes.



Volunteers of America®
NORTHERN ROCKIES

Admissions Application

1876 S Sheridan Avenue, Sheridan WY 82801

1.866.438.2862(p) 1.307.426.4740(f)

- **Photo Verification** (driver's license, passport, government ID, Resident ID and student ID)
- **Income Verification** (tax return, 3 current pay stubs, unemployment benefit letter or denial letter, worker's compensation statement)
- **Private Insurance Coverage Card(s)** (Medicare Card, Medicaid Card, or Equality Care Card)
- **Additional documents are required for minor children, DUI Evaluations, DV Assessments, and Residential Treatment**

Is this considered to be an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No (homicidal/suicidal or hospital release)		Tribal Affiliation:		Today's Date:	
Legal Last Name:		Legal First Name & M.I.:		Maiden Name:	
Received services at Volunteers of America before? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, under what name?				Mother's First Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Sexual Orientation: <input type="checkbox"/> Straight or Heterosexual <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Lesbian, Gay or Homosexual <input type="checkbox"/> Queer <input type="checkbox"/> Chose Not to Disclose <input type="checkbox"/> Bisexual <input type="checkbox"/> Intersex <input type="checkbox"/> Does Not Know / Unknown			
Birth Date:		Social Security #:		Responsible Party SSN #:	
Physical Address:		City:	State:	Zip Code:	County:
Mailing Address/P.O. Box:		City:	State:	Zip Code:	County:
Type of Residence (check one): <input type="checkbox"/> Boarding/Foster Home <input type="checkbox"/> Jail/Correctional Facility <input type="checkbox"/> Private Residence/Household <input type="checkbox"/> Group Home <input type="checkbox"/> Lacks a fixed, regular, night-time residence <input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Hospital <input type="checkbox"/> Other Residential Setting <input type="checkbox"/> Unknown					
City of Birth:		State of Birth:		Country of Birth:	
Ethnicity (check one): <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Unknown		Race (check one): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> More Than One Race <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Other/Unknown		Veteran: <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Unknown <input type="checkbox"/> Combat <input type="checkbox"/> Non-Combat	
				Marital Status (check one): <input type="checkbox"/> Divorced <input type="checkbox"/> Legally or Otherwise Absent <input type="checkbox"/> Minor Child <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Unknown <input type="checkbox"/> Widowed	
Day Phone:		Evening Phone:		Mobile Phone:	
Number Type: <input type="checkbox"/> Primary <input type="checkbox"/> Emergency <input type="checkbox"/> Work	OK to Leave Message: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number Type: <input type="checkbox"/> Primary <input type="checkbox"/> Emergency <input type="checkbox"/> Work	OK to Leave Message: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number Type: <input type="checkbox"/> Primary <input type="checkbox"/> Emergency <input type="checkbox"/> Work	OK to Leave Message: <input type="checkbox"/> Yes <input type="checkbox"/> No OK to Text: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:				OK to Send Email: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Service type desired, mark all that apply:		
Outpatient Clinics: <input type="checkbox"/> VOA-Buffalo <input type="checkbox"/> VOA-Laramie <input type="checkbox"/> VOA-Sundance <input type="checkbox"/> VOA-Cheyenne <input type="checkbox"/> VOA-Newcastle <input type="checkbox"/> VOA-Torrington <input type="checkbox"/> VOA-Gillette <input type="checkbox"/> VOA-Sheridan <input type="checkbox"/> VOA-Wheatland	Residential: <input type="checkbox"/> Harmony House/The Life House (Men's) <input type="checkbox"/> The Gathering Place (Women's) <input type="checkbox"/> VOA-Recovery Homes (Sheridan) <input type="checkbox"/> Center of Hope (Riverton)	
Who was the referral source for services?		
Primary reason/s for referral:		
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Adult Probation and Parole <input type="checkbox"/> Attorney <input type="checkbox"/> Clergy <input type="checkbox"/> Community Mental Health Center <input type="checkbox"/> Court (Not Title 25) <input type="checkbox"/> Court Ordered (Title 25 Inpatient) <input type="checkbox"/> DD - Developmental Disabilities <input type="checkbox"/> Department of Corrections <input type="checkbox"/> DFS (Department of Family Services) <input type="checkbox"/> Drug Court <input type="checkbox"/> Drug/Alcohol Abuse Treatment Center <input type="checkbox"/> DVR (Division of Vocational Rehabilitation) <input type="checkbox"/> Early Childhood Setting <input type="checkbox"/> Employer <input type="checkbox"/> Family/Friends <input type="checkbox"/> Juvenile Probation (DFS) </div> <div style="width: 50%;"> <input type="checkbox"/> Medical Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other <input type="checkbox"/> Other Inpatient Psychiatric Service <input type="checkbox"/> Other Physician <input type="checkbox"/> Other Private Mental Health Practitioner <input type="checkbox"/> Police/Law Enforcement <input type="checkbox"/> Private Psychiatrist <input type="checkbox"/> Schools <input type="checkbox"/> Self <input type="checkbox"/> Shelter <input type="checkbox"/> Social Security/Disability <input type="checkbox"/> Unknown <input type="checkbox"/> Veterans Affairs <input type="checkbox"/> WLRC (Wyoming Life Resource Center) <input type="checkbox"/> Wyoming State Hospital </div> </div>		
Describe what brings you to Volunteers of America:		
Emergency Contact Name:	Emergency Contact Phone Number:	Emergency Contact Relationship to Patient:
Employment Status (check one):		Patient's Employer Name:
<input type="checkbox"/> Child (U-16) <input type="checkbox"/> Disabled <input type="checkbox"/> Full Time <input type="checkbox"/> Homemaker <input type="checkbox"/> Inmate <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed/Other <input type="checkbox"/> Retired <input type="checkbox"/> Student (16+) <input type="checkbox"/> Unemployed <input type="checkbox"/> Volunteer		Patient's Employer Phone Number:
Annual Household Income:	Number of Individuals on Income:	
Have your parental rights been suspended or terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who has temporary parental rights?		
Do you have legal custody of your children? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, who has legal custody?		
Household Income Source:	Highest Grade Completed:	
<input type="checkbox"/> DFS (Department of Family Services/Welfare) <input type="checkbox"/> Family (Parent/Guardian) <input type="checkbox"/> Other Disability <input type="checkbox"/> Other/Unemployment <input type="checkbox"/> Retirement <input type="checkbox"/> Employment <input type="checkbox"/> SSDI (Social Security Disability Income) <input type="checkbox"/> SSI (Social Security Income) <input type="checkbox"/> Unknown	<input type="checkbox"/> No Schooling <input type="checkbox"/> Indicate last grade completed for K-11: ____ <input type="checkbox"/> High School/GED <input type="checkbox"/> 1 year of College <input type="checkbox"/> 2 years of College/Assc. Degree <input type="checkbox"/> 3 years of College <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral	

PRESENTING PROBLEMS AND CONCERNS

Please check all of the behaviors and symptoms that seem to be problematic:

- | | | |
|--|---|---|
| <input type="checkbox"/> Distractibility | <input type="checkbox"/> Change in appetite | <input type="checkbox"/> Suspicion/paranoia |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Racing thoughts |
| <input type="checkbox"/> Impulsivity | <input type="checkbox"/> Withdrawal from people | <input type="checkbox"/> Excessive energy |
| <input type="checkbox"/> Boredom | <input type="checkbox"/> Anxiety/worry | <input type="checkbox"/> Wide mood swings |
| <input type="checkbox"/> Poor memory/confusion | <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Seasonal mood changes | <input type="checkbox"/> Fear away from home | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Sadness/depression | <input type="checkbox"/> Social discomfort | <input type="checkbox"/> Eating problems |
| <input type="checkbox"/> Loss of pleasure/interest | <input type="checkbox"/> Obsessive thoughts | <input type="checkbox"/> Gambling problems |
| <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Compulsive behavior | <input type="checkbox"/> Computer addiction |
| <input type="checkbox"/> Thoughts of death | <input type="checkbox"/> Aggression/fights | <input type="checkbox"/> Problems with pornography |
| <input type="checkbox"/> Self-harm behaviors | <input type="checkbox"/> Frequent arguments | <input type="checkbox"/> Parenting problems |
| <input type="checkbox"/> Crying spells | <input type="checkbox"/> Irritability/anger | <input type="checkbox"/> Sexual problems |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Homicidal thoughts | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Low self-worth | <input type="checkbox"/> Flashbacks | <input type="checkbox"/> Work/school problems |
| <input type="checkbox"/> Guilt/shame | <input type="checkbox"/> Hearing voices | <input type="checkbox"/> Alcohol/drug use |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Visual hallucinations | <input type="checkbox"/> Recurring, disturbing memories |
| <input type="checkbox"/> Other: | | |

Are problems affecting any of the following?

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Handling everyday tasks | <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Relationships | <input type="checkbox"/> Hygiene |
| <input type="checkbox"/> Work/School | <input type="checkbox"/> Housing | <input type="checkbox"/> Legal matters | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Recreational activities | <input type="checkbox"/> Sexual activity | <input type="checkbox"/> Health | |

In the past 30 days, have you or the patient had thoughts, made statements, or attempted to hurt self? ☐ Yes ☐ No
If yes, please describe:

In the past 30 days, have you or the patient had thoughts, made statements, or attempted to hurt someone else? ☐ Yes ☐ No
If yes, please describe:

In the past 30 days, have you or the patient been physically hurt or threatened by someone else? ☐ Yes ☐ No
If yes, please describe:

Have you or the patient engaged in high-risk behaviors of concern (e.g., unprotected sex, needle sharing, drinking and driving)? ☐ Yes ☐ No
If yes, please describe:

PREVIOUS MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT

Yes	No	Type of Treatment:	Date/s:	Provider/Program:	Reason for Treatment and/or Diagnoses:
<input type="checkbox"/>	<input type="checkbox"/>	Outpatient Counseling			
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Hospitalization			
<input type="checkbox"/>	<input type="checkbox"/>	Drug/Alcohol Treatment			
<input type="checkbox"/>	<input type="checkbox"/>	Self-help/Support Groups			

INTERPERSONAL/SOCIAL/CULTURAL INFORMATION

Please check the following types of traumas or loss that have been experienced:			
<input type="checkbox"/> Emotional abuse	<input type="checkbox"/> Neglect	<input type="checkbox"/> Lived in a foster home	<input type="checkbox"/> Violence in the home
<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Combat Veteran	<input type="checkbox"/> Natural disaster	<input type="checkbox"/> Terrorism
<input type="checkbox"/> Physical abuse/assault	<input type="checkbox"/> Crime victim	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Multiple family moves
<input type="checkbox"/> Parent substance abuse	<input type="checkbox"/> Loss of loved one	<input type="checkbox"/> Significant parent illness	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Teen pregnancy	<input type="checkbox"/> Sexual assault	<input type="checkbox"/> Placed child for adoption	<input type="checkbox"/> Other: _____
Please check the following if you have committed or participated in any of these acts of abuse or violence:			
<input type="checkbox"/> Emotional abuse	<input type="checkbox"/> Neglect	<input type="checkbox"/> Lived in a foster home	<input type="checkbox"/> Violence in the home
<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Combat Veteran	<input type="checkbox"/> Natural disaster	<input type="checkbox"/> Terrorism
<input type="checkbox"/> Physical abuse/assault	<input type="checkbox"/> Crime victim	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Multiple family moves
<input type="checkbox"/> Parent substance abuse	<input type="checkbox"/> Loss of loved one	<input type="checkbox"/> Significant parent illness	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Teen pregnancy	<input type="checkbox"/> Sexual assault	<input type="checkbox"/> Placed child for adoption	<input type="checkbox"/> Other: _____
Check all strengths that apply:			
<input type="checkbox"/> Family	<input type="checkbox"/> Co-workers	<input type="checkbox"/> Community Group	<input type="checkbox"/> Community Resources
<input type="checkbox"/> Friends	<input type="checkbox"/> Neighbors	<input type="checkbox"/> Support/Self-Help Group	<input type="checkbox"/> Religious/Spiritual
<input type="checkbox"/> Clubs			
Describe strengths:			
Check all skills and abilities that apply: <input type="checkbox"/> Motivated <input type="checkbox"/> Hopeful <input type="checkbox"/> Care for Self <input type="checkbox"/> Work or Attend School			
Describe skills and abilities:			
Check all needs that apply: <input type="checkbox"/> Social Supports <input type="checkbox"/> Community Resources <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Housing			
Describe needs:			
How important are spiritual beliefs? <input type="checkbox"/> Not at all <input type="checkbox"/> Little <input type="checkbox"/> Somewhat <input type="checkbox"/> Very much			
Describe any special areas of interest or hobbies (art, books, physical fitness, etc.):			

LEGAL INFORMATION

Do legal problems bring you to Volunteers of America? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer the questions below:			
In the past 30 days, how many times have you or the patient been arrested?			Do you have an Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No
Attorney's Name:	Attorney's Phone Number:	Attorney's Address:	
Are you currently in Drug Court? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:		
Are you currently in Jail?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Location:	Date Incarcerated:	Expected Length:	Required to return to jail upon completion of treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on probation or parole?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Probation:	Probation Agent:	<input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> ISP	
Are you court ordered to treatment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Which Court:	Ordered to have an evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation Type: <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use <input type="checkbox"/> Both	
Awaiting Sentencing? <input type="checkbox"/> Yes <input type="checkbox"/> No	What charges?		
Will you be on furlough to attend treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		What jail?	
Any outstanding warrants that you are aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No		What county and for what?	

MEDICAL INFORMATION

Date of last physical exam:	Primary medical provider:																											
<p>Check all medical conditions experienced a in their lifetime:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Allergies</td> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Headaches</td> <td><input type="checkbox"/> Stomach Aches</td> </tr> <tr> <td><input type="checkbox"/> Chronic Pain</td> <td><input type="checkbox"/> Surgery</td> <td><input type="checkbox"/> Serious Accident</td> <td><input type="checkbox"/> Head Injury</td> </tr> <tr> <td><input type="checkbox"/> Dizziness/Fainting</td> <td><input type="checkbox"/> Meningitis</td> <td><input type="checkbox"/> Seizures</td> <td><input type="checkbox"/> Vision Problems</td> </tr> <tr> <td><input type="checkbox"/> High Fevers</td> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Hearing Problems</td> <td><input type="checkbox"/> Miscarriage</td> </tr> <tr> <td><input type="checkbox"/> Sexually Transmitted Disease</td> <td><input type="checkbox"/> Abortion</td> <td><input type="checkbox"/> Sleep Disorder</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Headaches	<input type="checkbox"/> Stomach Aches	<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Surgery	<input type="checkbox"/> Serious Accident	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Dizziness/Fainting	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Problems	<input type="checkbox"/> High Fevers	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Miscarriage	<input type="checkbox"/> Sexually Transmitted Disease	<input type="checkbox"/> Abortion	<input type="checkbox"/> Sleep Disorder	<input type="checkbox"/> Other: _____							
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List current health concerns (including dental):	Please list any disabilities, disorders, or medical conditions:																											
<p>Current prescription medications: <input type="checkbox"/> None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Medication:</th> <th style="width: 10%;">Dosage:</th> <th style="width: 30%;">Prescriber:</th> <th style="width: 35%;">How effective is medication for patient?</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Medication:	Dosage:	Prescriber:	How effective is medication for patient?																							
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<p>Past psychotropic prescription medications: <input type="checkbox"/> None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Medication:</th> <th style="width: 10%;">Dosage:</th> <th style="width: 30%;">Prescriber:</th> <th style="width: 35%;">How effective is medication for patient?</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Medication:	Dosage:	Prescriber:	How effective is medication for patient?																							
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<p>Allergies and/or adverse reactions to medications: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Allergies and/or adverse reactions to food: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list:</p>																												
<p>Current over the counter or complementary health approaches (vitamins, acupuncture, massage, homeopathy, etc.):</p>																												
<p>Are you pregnant? <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you receiving pre-natal care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																												
<p>Check all that apply to your current health status:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Alcohol/Drug Problems</td> <td><input type="checkbox"/> Hearing Problems</td> <td><input type="checkbox"/> Sleep Disorder</td> </tr> <tr> <td><input type="checkbox"/> Alzheimer's/Dementia</td> <td><input type="checkbox"/> Heart Disease</td> <td><input type="checkbox"/> Stroke</td> </tr> <tr> <td><input type="checkbox"/> Arthritis</td> <td><input type="checkbox"/> High Blood Pressure</td> <td><input type="checkbox"/> Thyroid Problems</td> </tr> <tr> <td><input type="checkbox"/> Blood Disorder</td> <td><input type="checkbox"/> HIV/AIDS</td> <td><input type="checkbox"/> Tobacco Use</td> </tr> <tr> <td><input type="checkbox"/> Breathing Problems</td> <td><input type="checkbox"/> Liver Problems/Hepatitis</td> <td><input type="checkbox"/> Tuberculosis</td> </tr> <tr> <td><input type="checkbox"/> Cancer</td> <td><input type="checkbox"/> Mental Illness</td> <td><input type="checkbox"/> Urinary/Kidney Problems</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Pain</td> <td><input type="checkbox"/> Vision Problems</td> </tr> <tr> <td><input type="checkbox"/> Gastro-Intestinal Problems</td> <td><input type="checkbox"/> Seizures/Neurological</td> <td><input type="checkbox"/> Weight Problems</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td> </td> <td> </td> </tr> </table>		<input type="checkbox"/> Alcohol/Drug Problems	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Sleep Disorder	<input type="checkbox"/> Alzheimer's/Dementia	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Stroke	<input type="checkbox"/> Arthritis	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Thyroid Problems	<input type="checkbox"/> Blood Disorder	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Tobacco Use	<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Liver Problems/Hepatitis	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Cancer	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Urinary/Kidney Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Pain	<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Gastro-Intestinal Problems	<input type="checkbox"/> Seizures/Neurological	<input type="checkbox"/> Weight Problems	<input type="checkbox"/> Other:		
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<input type="checkbox"/> Other:																												

SUBSTANCE USE HISTORY

Substance Type:	Current (last 6 months):				Past Use:				Age of First Use:
	Yes	No	Frequency	Amount	Yes	No	Frequency	Amount	
Tobacco									
Caffeine									
Alcohol									
Marijuana									
Cocaine/crack									
Ecstasy									
Heroin or Opioids									
Inhalants									
Methamphetamine									
Pain Killers									
PCP/LSD									
Steroids									
Tranquilizers									
Gambling									
Other									

Have you or the patient had withdrawal symptoms when trying to stop using any substances? ☐ Yes ☐ No
 If yes, please describe:

Have you or the patient had problems with work, relationships, health, law, etc. due to substance use or gambling? ☐ Yes ☐ No
 If yes, please describe:

Do you or the patient have a family history of substance abuse? ☐ Yes ☐ No
 If yes, please describe:

Has gambling ever caused any financial problems for you or the patient? ☐ Yes ☐ No
 If yes, please describe:

Have you or the patient used IV drugs? ☐ Yes ☐ No
 If yes, last date of injection:

CHILDREN/MINOR INFORMATION ONLY

Were there any medical problems during the pregnancy or birth of patient? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any post-partum depression or anxiety? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the biological mother use any substances while pregnant with patient? If yes, please describe substances used, quantity, and frequency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did patient have any developmental delays in early childhood (crawling, walking, talking)? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
As a baby, how did patient behave with other people? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> More sociable than average <input type="checkbox"/> Average sociability <input type="checkbox"/> Less sociable than average </div>	

SCHOOL INFORMATION

Current grade:	School:	Does patient see the school counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No
This year's school grades: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Past school grades: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor This year's school behavior: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Past school behavior: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Does patient have an after-school provider or after-school program or activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which one(s)?	
Any of the following difficulties at school? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Suspension <input type="checkbox"/> Poor grades <input type="checkbox"/> Incomplete homework <input type="checkbox"/> Teased or picked on </div> <div style="width: 50%;"> <input type="checkbox"/> Learning Problems <input type="checkbox"/> Speech Problems <input type="checkbox"/> Referrals or detentions <input type="checkbox"/> Attendance problems </div> </div>		Ever repeated or skipped a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one(s)?
Currently on or has been on an Individual Educational Plan (IEP) or 504 plan? If yes, please describe:		
Are there concerns with ability to learn? If yes, please describe:		
Is there a need for assistive technology in the provision of services? If yes, please describe:		
What does teacher(s) say about him/her?		

Center of Hope
3.1 Transitional Care
Resident Expectations/Responsibilities
Contract

Purpose

To provide individuals, age 18 and older, a safe and structured living environment that is supportive of their recovery efforts. The Volunteers of America of the Northern Rockies (VOANR) transitional care will provide a sober environment for individuals who are self-sustaining, but who require a minimal level of support and assistance to maintain recovery from alcohol and/or drug abuse. The transitional care offers a sober living environment which include an **ASAM Level 3.1 treatment program**. Residents in the transitional care setting are expected to live in a roommate setting, where they will need to be respectful and mindful of each other's space, while also contributing to the house in cleaning and supporting each other's recovery. This is an opportunity for an individual in recovery to live in a safe place while transitioning into mainstream society. **All clients residing in the transitional care must participate in attending 5 hours of group and 1 hour of individual therapy weekly. Eligible patients are those who meet the above criteria and need transitional housing to integrate back into the community.**

Full-time work and/or school and an income source are required for all residents. Each resident will be expected to pay the first month's fee upon obtaining employment and their first paycheck and will then pay each subsequent month's fee by the 1st day of every month.

Commonly asked questions:

How much is the transitional care and what does it include? The rent is **\$125.00 (maximum amount) or 30% of income with a minimum of \$100** and is due at the first of every month. To apply for reduced rent the client must provide documentation (ex. check stubs). The rent includes room, board and meeting with VOANR staff once a week. Linens, housewares, cleaning products, food and personal items are provided. Each resident will be expected to pay their first month's rent and deposit within 2 weeks of obtaining employment.

How much money do I need to get into the transitional care? Within two weeks of obtaining employment (employment must be obtained within 2 weeks of entering into transitional care) \$200 must be paid (\$ 150 for Rent and \$50 for deposit) Rent may be prorated after the first month according to income. The first month will be prorated according to the number of days left in the month. The deposit will be returned upon discharge if the client's bill (including treatment) is paid in full, and the client gives a minimum of 30 days' notice before moving out, there are no damages due to client and client's discharge paperwork was completed before discharge.

Updated 02.03.2023

- Your legal situation if applicable.
 - What you plan to do in your free time.
 - How you plan to pay rent.
 - Your strengths and challenges.
 - How you plan to contribute to the house.
 - How you will ensure your ability to participate in groups and individual therapy.
- If the client is not transitioning from a VOA Residential program, a copy of a discharge summary indicating appropriate level of care, a completed screening sheet, a physical and negative TB test will be required to be submitted.
 - Please be aware that it is a **3-month** commitment to live in the transitional level of care. If there are special circumstances, please address them in your letter for consideration.
 - Please be aware that there is a **6-month maximum** to reside in the transitional level of care.

Resident Expectations and Responsibilities

Treatment Expectations:

- Each resident is required to attend and complete the level of care recommended by their primary clinician
- Each resident is required to participate in one (1) hour of individual therapy with her/his designated individual counselor off-site per week.
- Each resident will have a group sheet signed each time he/she attends a group, whether at VOA or at their outside treatment entity.

12-Step Requirements:

- Each resident will attend a minimum of (3) 12-step/self-help meetings per week.
- Each resident will identify a sponsor within one month of entering into transitional care.
- Each resident will provide written documentation of attendance of meetings; the written documentation will be on the meeting slips checked by staff.

Staff-Resident Interactions:

- VOANR staff will supervise the men's and the women's transitional level of care.
- Each resident is required to have 2 documented VOANR staff interactions per week.
- The residents will attend at least 5 hours of staff-facilitated groups weekly-these are mandatory and necessary to live in the transitional level of care.

Personal Care and Order:

- Wash personal dishes and put food away in proper areas.
- Cleaning supplies including detergents and soaps as well as toilet paper are to be

Updated 02.03.2023

- If a resident is terminated or quits employment the resident is required to communicate that to his/her case manager/ navigator within 24 hours.
- Each resident will be expected to pay the first month's fee within two weeks of obtaining employment and will then pay each subsequent month's fee by the 1st day of every month.
- Each resident will be required to sign appropriate releases of information and notify the case manager/patient navigator and primary clinician of any job changes within 1 day of acquiring the new job.
- Residents will be required to fill out releases for their employer and probation officer, if applicable.

Medications

- Any resident who needs health care services will be responsible for making appointments with medical services, responsible for any charges accrued and responsible for following through with any medical recommendations.
- All resident medications are to be checked in by the Health Technician on duty. A copy of the current prescription for each medication shall be provided to Staff.
- Residents will provide any new prescriptions to the Residential Nurse for review.
- Residents will maintain the medication policies and procedures and the medication will be monitored by the health technician staff on site.
- It is mandatory that clients with mental health diagnosis maintain their mental health by taking medications as prescribed, meeting with doctor regularly, and communicating any changes to medications to the health technician on duty and/or patient navigator.

Curfew

- Each resident will honor a 9:00pm weeknight curfew and an 11:00pm weekend curfew unless work related and/or **prior** arrangements have been made with staff.

Time Requirements

- Each resident will reside in the transitional level of care a **minimum of 90 days** and a **maximum of 6 months**.
- Arrangements for discharge will be coordinated with the case manager/patient navigator and their primary clinician.

Travel

- Residents must get approval from the primary clinician and clinical team to be away from the facility for 24 hours or more.
- Any communication out of town must be communicated to and approved by the Clinical team.
- Any resident who wishes to be away for more than 24 hours must complete a travel contract

Updated 02.03.2023

- Threat of violence, actual violence, or intimidation.
- **Use of alcohol or drugs when living in the homes.**

Review

- It is a privilege and opportunity to reside in the Volunteers of America transitional level of care.
- Residents will attend required groups and individual therapy sessions, which meet ASAM Level 3.1 criteria.
- Residents are subject to random drug urinalysis and BAC screenings.
- Residents must present their signed AA/NA or group attendance sheets weekly when meeting with any member of the Navigator Team.

I, _____ have read, understand, and commit to the above stated responsibilities and expectations. If I have any questions regarding the expectations, I will ask the Clinical Team. If I do not abide by the expectations and responsibilities, I will be asked to leave the transitional level of care

Client

Date

VOANR Staff

Date

Updated 02.03.2023

To whom this may concern:

This letter is to bring attention that there have been many unsatisfactory aspects that have been noticed in your compliance with their contract over all behavior at the Center of Hope. Below is a list of expectations of transitional residents that you have not been compliant with:

- 1.) The residents will attend at least five hours of staff facilitated groups weekly these are mandatory and necessary to live in the transitional level of care.
- 2.) Each resident will be expected to pay the first month's rent within two weeks of obtaining employment and will then pay each subsequent month's rent by the first day of every month.
- 3.) Residents will maintain the medication policies and procedures and the medication will be monitored by health technician staff on site.
- 4.) It is mandatory that clients with mental health diagnosis maintain their mental health by taking medications as prescribed by a doctor. Also, communicating any changes of medications to the staff.
- 5.) Residents are required to attend regularly scheduled programming if they are on the center of hopes premises.
- 6.) Residents are required to uphold an attitude and the behaviors that will reflect willingness to follow all rules and expectations provided in treatment handbook. This means you will practice positive communication both verbal and nonverbal with peers and staff.
- 7.) Returning to the center from any scheduled approved passes or outings is required. Informing staff of tardiness is encouraged but times management and responsibility is the client's duty while living at the center.

You can consider this a formal warning, if compliance with these matters is not reached, we will be forced to ask you to leave the Center of Hope. If you face any kind of difficulty that you would like to talk about or discuss, you are completely welcome to do so with staff.

Signature/Date

Weekly Pass Schedule

Name: _____

Dates: _____

Recovery Meeting
(NA/AA)

Other Passes
(Church/Faith Based/ Medical/Personal)

Employment
(If you are on 3.5 and do not need an escort
Job search/Community service)

	Activity and Location	Time Out	Time In	My Escort's Name is	I am an Escort for	Transportation	Activity	Time Out	Time In	My Escort's Name is	I am an Escort for	Transportation	Activity	Time Out	Time In
WED															
THU															
FRI															
SAT															
SUN															
MON															
TUES															

Counselor's Signature: _____ Employer: _____ Work Address: _____ Work Phone: _____

Comments: _____

City of Riverton Contract for Services Funding Request



Name of Organization: Wind River Heritage Center

Contact Person: Sam Tower

Address: 1075 S Federal Blvd.

City, State, Zip: Riverton WY 82501

Phone Number: 307-856-4801

Email Address: director@rivertonchamber.org

Type of Organization: ☒ 501(c)3 ☐ Association ☐ Civic Group
☐ Other (school, etc.) Please explain _____

Number of Local Members: Board of 11 Members, two full time center staff

Number of Locally Impacted Individuals/Organizations:

Total Budget for Fiscal Year (including funding from the City of Riverton:

(Please attach your budget.) 27,419.15. See attached budget for details.

Please list other funding sources and amounts: (if necessary, please attach a detailed list of other funding sources: Funding sources include, admission fees, merchandise sales, donations, and grants. See attached budget.

Please list donation sources and amounts from the prior 2 years: (if necessary, please attach a detailed list of donations.)

Amount Requested: \$10,000.00

How will this funding be used to benefit the community? (if necessary, please attach no more than one sheet explaining how the funds will How will the funding be used.) See attached.

Please list overhead and administrative costs including salaries: (if necessary, please attach a detailed list.) See Attached. Center employees are compensated by a senior workforce training program through the state. Since being acquired by the WY Riverton Chamber and Visitors Center, two other full-time employees are on site but do not receive salary from this budget at this time.

Has the City of Riverton Funded your request in the past? ☐ Yes ☒ No

Please return this form, along with any supporting documentation to City of Riverton, Attn: Mia Harris, 816 North Federal Boulevard, Riverton, WY 82501 or via email: mharris@rivertonwy.gov.

To Whom It May Concern,

The 10,000 dollars requested under this contract for services will benefit the community in numerous ways. The Heritage Center is located on the South end of Federal Blvd. near the city limits and is the main historical complex visitors come to when entering the city from the South. Due to it's location, the "welcome to Riverton" sign and sculpture has been placed there and further attracts visitors to the Heritage Center.

Historically the Heritage Center has provided access to artifacts and interpretive displays focused around the rich trapping and fur trade history of the Wind River area, specifically Riverton. These artifacts and displays are housed in a large main building which also has open meeting space, bathroom, and basic amenities. This meeting space can hold approximately 20-25 people, but is open to the rest of the building and needs electrical updating. We would like to construct walls and partitions so that the meeting space can serve as a modern and functional space for organizations to hold trainings, seminars, classes, and small events. This building also has space in the front area where we would like to construct a specific "visitors center" office, so that there is a clear delineation between services when people enter for either the Heritage Center admission, merchandise, or chamber and visitors center services. This will provide the community a true visitors center where the chamber can present as the place where visitors can find information about chamber businesses, community events, and anything else the city of Riverton would like us to provide. The amount of 5,000.00 is set aside for these material costs, as design and construction will be provided by volunteer service by local organizations such as the local Job Corps.

The Heritage Center traditionally holds yearly open houses and other events. 2,000.00 would be set aside for these events so that we may include food, entertainment, and more educational aspects to the events.

Like any museum or organization that is admission fee based, marketing and advertising is crucial to the success of the Heritage Center. 3,000.00 would be set aside for advertising across all media outlets to include print, radio, digital, and internet products. This will increase information about what the Heritage Center offers, new exhibits, special events, and community events.

These monies will make it possible for the Heritage Center to increase its community footprint in a positive manner through education, providing an additional gathering venue, visitor information distribution, and events that not only educate and enrich the lives of city residents, but also those who visit our amazing City of Riverton.

Thank you for consideration in this matter

Sincerely,

Sam Tower Executive Director

WY Riverton Chamber and Visitors Center

Wind River Heritage Center

Wind River Heritage Center 2023-24 Budget **Draft**

Reserve Account 1/1/2022	60,330.76	Reserve Account 1/1/23	63,412.58
Projected Expense	2022	2023	3% increase on all lines with additional increases on notated lines.
Black Hills Energy	3,798.24	3,912.24	
Rocky Mountain Power	1,831.89	1,886.89	
City of Riverton	1,069.28	1,101.35	
Phone	1,328.56	1,368.42	
Alarm	240.00	247.20	
Advertising	268.01	3,276.05	Includes 3,000.00 from C.F.S.
Repairs/remodel	718.83	5,740.39	Includes 5,000.00 from C.F.S.
Merchandise	225.00	231.75	
supplies	939.78	967.97	
Lawn Care	200.00	206.00	
events	152.18	2,156.74	Includes 2,000.00 From C.F.S.
Insurance	2,601.00	2,679.03	
Taxes	118.00	121.54	
Fire Inspection	45.00	46.35	
Secretary of state	25.00	25.75	
Petty Cash	300.00	300.00	
Christmas Bonus	100.00	100.00	
Total Expense	13,960.77	24,367.67	
Revenue	2022	2023	Projected
Sales	4,484.83	4,484.83	
Admissions	3,979.66	4,178.64	5% increase
Donations	3,577.10	3,755.68	5% Increase
Grants	5,000.00	5,000.00	
City Contract for Services		10,000.00	
Total Revenue	17,041.59	27,419.15	
Revenue Less Expense	3,080.82		