White Buffalo Sober Living

Providing support for your recovery goals!

Thank you for your interest in the Sober Living Program!

The Sober Living Program offers a single living safe haven to people in recovery from alcohol or drug addiction. These structured living environments can help our relatives in recovery re-enter the community in a supportive, encouraging setting.

Each application will be reviewed by the management team prior to admission. We are understanding of each individual's background and that will not preclude admission. Individuals will need to have a regular income to demonstrate that rent will be paid each month and MUST have successfully completed a treatment level of care with maintained sobriety of 3 months or more after completion. If there was use after treatment was completed there is a 6 month requirement. Please fill out the application to the best of your ability.

Applications can be picked up at the following locations

White Buffalo Arapahoe Office, Address: 24 Great Plains Road., Arapahoe, WY 82524
White Buffalo Riverton Office, Address: 450 South Federal Blvd., Riverton, WY 82501
White Buffalo Ethete Office, Address: 639 Blue Sky Highway., Ethete, WY 82520

All residents will need to provide a $300 deposit and will be responsible for their monthly cost of $300.00 a month that will include all residents' portion of the premises shall include access to all common living areas, kitchen, laundry, and one private bedroom. Monthly internet, water, trash, electric and gas utilities shall be included in monthly cost. Tenant shall be solely responsible for any television installation, such as Directv or DISH network, and charges, as well as any excessive utility charges above base allotment. All payments must be made by money order to the Wind River Family & Community Healthcare-WBRC

Parking is limited and all vehicles on the premises shall be properly insured, registered and in compliance with local laws.

Residents are required to maintain sobriety, maintain their personal living area in a neat and orderly manner, make no threats or perform any actual acts of violence (verbal or physical), and pay rent on a timely basis. Non-compliance with one or more of these requirements may result in immediate eviction from the property. If a resident is evicted for non-compliance or leaves without a minimum two-week notice, no refund will be given.

Entry to the program is on a first come first serve basis and as soon as a completed application, deposit and first month's rent are received rooms will be reserved pending an approved application.

Please email or contact the Sober Living Manager Byron Makeshine for any questions

Phone: (307) 856-8090
Email: byron.makeshine@whitebuffalorecovery.org

RESIDENT APPLICATION

Date:_____Requested Move-in Date: _____

Name:_____ Date of Birth: _____

Phone #: _____ EMAIL: _____

Drivers License: _____STATE: _____

Do you have a vehicle? Y / N If "yes" list make and model: _____

Insurance:_____Policy #:_____

Emergency Contact: _____ Relationship: _____

Address: _____

Contact Phone Number : _____

List medical conditions:_____

List prescription medications:_____

_____

Current Provider:_____Last visit:_____

What is your current housing status?

Residential Treatment Program Staying with friends/family In my own home or apartment
Homeless shelter
Unsheltered - sleeping outside
Other (please explain)_____

How long have you been sober? _____ Sobriety Date:_____

Longest period of Sobriety (Lifetime)_____ When?: _____

Substance(s) of Choice: _____

Share your recovery story including how you achieved recovery (if you need more room please use the back of this form):_____

_____

_____

_____

_____

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_____

Which recovery support meetings do you attend? (AA, NA, 12 step, etc):_____

Sponsor Name and Phone #: _____

Have you ever been involved in treatment? Y / N How many treatments in your lifetime?_____ If yes, names and dates of lifetime treatments:

_____

_____

_____

Please list any past state, federal or tribal convictions? Y / N If "Yes" please explain:

_____

_____

_____

_____

Are you required to register as a sex offender? Y / N

Have you ever been convicted of a felony? Y / N How many? ____ DUI? Y / N How many? _____ Do you have any pending legal matters? Y / N If yes what cases are pending?

_____

Are you on probation/parole/community corrections? Y / N If yes, with whom? _____

Are you employed? Y / N Where:_____

Work Schedule?_____

Salary (Weekly/Monthly): _____ Are you receiving SSI? Y / N Are you interested in being a Residential Assistant? Y / N

Attached are two letters of reference from: _____

_____

Money Order Number:_____Amount:_____

I authorize the verification of the information provided on this form.

Printed Name:_____

Signature:_____Date:_____

Reminder: Please attach two reference letters to this application.