

OXFORD HOUSE[™] APPLICATION FOR MEMBERSHIP To be accepted in an Oxford House[™], an applicant must complete both sides of this application and be interviewed by the members of the House. An 80% affirmative vote is required for acceptance.

rint Name: irst M. Last		Pronouns:		Date of Birth: Month/Day/Year		
Email Address:				Phone Nu	mber:	
Present Address: Street Address		City		Sta	ite	Zip Code
Currently in Treatment or Facility?	Treatment/F	acility Name	Contact Na	me	Cor	tact Phone
Circle one: YES NO If Yes, List Contact Info:						
Do you have an alcohol problem?	Circle one:	YES	NO	Date of las		
Do you have a drug use problem?	Circle one:	YES	NO	Date of las	st use:	
Do you want to stop using/drinking?	Circle one:	YES	NO		v recovery meeting end per week?	gs
List all the drugs you misused:						
Are you employed full-time?	Circle one:	YES	NO	Employme	ent monthly incom	ne: \$
Are you receiving other income? (retirement, disability, family, welfare)	Circle one:	YES	NO	Other mor	nthly income:	\$
Marital status: Circle one:	Si	ngle Ma	arried	Separated	Divorced	Widowed
Medical doctor name:			Medical doctor	contact nur	mber:	
Mental health professional name:			Mental health p	orofessional	number:	
Name of last treatment center/detox:				Number of	f times in Treatme	nt/Detox:
List all the medications you are currently prescribed:						
Can you move-in immediately?	YE	S NO	If no, give the r	eason:		
Have you lived in an Oxford House b	efore? YE	S NO	If yes, list the H	louse name	:	
If yes, what was the reason of your departure? Check one: Voluntary Relapse Disruptive Behavior Nonpayment of EES						
If yes, did you leave owing money?	YE	S NO	lf yes, amount y	ou left owin	ıg: \$	
List 3 emergency contacts: Name	R	elationship			Contact Number	
Name	R	elationship			Contact Number	
Name	R	elationship			Contact Number	
All of the information on page 1 is ho	onest and ac	curate. Initials	s	Today's Da Month/Day/Y		

Use this space to tell us relevant information related to your active addiction and recovery, including why you want to live here.		
I realize the Oxford House to which I am applying for membership has been established in compliance with the conditions of §2036 of the Federal Anti-Drug Abuse Act of 1988, P.L. 100-690, as amended, which provides federal money loaned to start the house requires the house members to (A) prohibit all members from using any alcohol or inductions of (P) are the new beneficiated with the violation of the start the house members to (A) prohibit all members from using any alcohol or the start the house members to (A) prohibit all members from using any alcohol or the start the house members to (A) prohibit all members from using any alcohol or the start the house members to (A) prohibit all members from using any alcohol or the start the house members to (A) prohibit all members for the start the house members to (A) prohibit all members from using any alcohol or the start the start the house members to (A) prohibit all members for the start the house members to (A) prohibit all members from using any alcohol or the start the		
illegal drugs, (B) expel any member who violates such prohibition, (C) equally share household expenses, including the monthly lease payment, among all members, and (D) utilize democratic decision making within the group including inclusion in and expulsion from the group. In accepting these terms, the applicant understands that §2036		
conditions are different than the normal due process afforded by some local landlord-tenant laws.		
I have read all of the material on this application form including the limitations set forth above. I have answered each question honestly and I have a desire to achieve comfortable recovery from substance use disorder.		
Signature: Date:		
FOR INTERNAL USE BY THE APPLIED OXFORD HOUSE		
ENTRY INFO		
Move-in Date: Move-in Fee paid: YES NO Newcomer packet completed: YES NO		
DEPARTURE INFO		
Move-out Date: Reason: Disruptive Behavior Margue Quad &		
Money Owed \$ Date Paid:		

Oxford House Questionnaire

Data		
Full Name	DOC Number	
Age	DOC Facility	
Sex	DOC Address	
Preferred Release City or County	DOC Counselor, CCO or Contact	Phone

Questionnaire	
Are you an Alcoholic or an Addict?	Yes No
Drug (s) of choice	
What is your current conviction and what circumstances led to your conviction	? Please explain in detail use another sheet of paper if necessary
Do you have any other legal issues Court dates Warrants, Detainers	Yes No
If Yes Please Explain	
Have you ever been arrested for any registerable sex crimes?	Yes No
If yes please explain.	
Date of release	What is your current level? 1 2 3 4
What is your plan for recovery?	
Do you have a sponsor?	Yes No
If you currently do not have a sponsor will you get one?	Yes No
How many 12 step meetings do you attend per week?	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14+
How many 12 step meetings will you attend per week when released?	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14+
What step are you on now?	0 1 2 3 4 5 6 7 8 9 10 11 12
Have you identified your relapse triggers	Yes No
if yes, what are they?	
Tell us what your behavior might be like when your headed towards a relapse	

How do you plan on paying your share of living expenses? Expenses are due weekly. Falling behind puts you at risk of restrictions or eviction.			
How do you feel about sharing a bedroom / group living?			
How do you leel about sharing a bedroom / group living?			
How do you handle confrontation?			
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Can you confront others in a constructive manner? How?	Yes	No	
How?			
Have you ever attended anger management	Yes	No	
Do you have an anger problem	Yes	No	
if yes, please explain	100		
ii yes, piease explain			
Are you involved in a relationship?	Yes	No	
Do you have children?	Yes	No	
If yes, will they be visiting you on weekends or holidays?	Yes	No	
Do you have any medical problems or mental disorders?	Yes	No	
If so, would they interfere with your ability to live with other people and take	on respons	sibilities around the house?	
	onroopon		
Do you take any medication	Yes	No	
if yes please list medication and explanation any possible side effects.			
What do you feel you can contribute to Oxford House?			
What do you hope to achieve by living in an Oxford House			

Do you have any prejudices? Race / Sex / Religion?	Yes No	
if yes please explain		
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Do you have any problems performing house chores?	Yes No	
if yes please explain		
Use this area to tell use anything you might think we should know about		
Send a physical copy of the application to the address of the house you wish to apply. You can also have a digital version emailed to the house. All		
Oxford Houses use their house name in the oxfordhouse.us system. [example: mainstreet@oxfordhouse.us]		
For more information on Oxford House, visit: <u>www.oxfordhouse.org</u>		
For vacancy information and house contacts, visit: www.oxfordvacancies.com		