

Application for Membership in Oxford House

To be accepted in an Oxford House an applicant must complete both sides of this application and be interviewed by the residents of the particular Oxford House to which the applicant is applying. The residents of the house then vote on acceptance. An 80% affirmative vote is needed to be accepted. Carefully read the application and honestly answer the questions. Living in an Oxford House is special and if you understand its value it can help you achieve comfortable sobriety without relapse. You will have to be clean/sober from drugs and alcohol upon arrival at the Oxford House.

1. Name			3. Date of Birth		
			Month	Day	Year
2. Present address (Street) Check if treatment facility			4. Phone Where You Can Be Reached		
			Home()		
City	State	Zip	Work ()		
5. Have you had issues with alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>		6. Date of Your Last Drink?	Have you ever attended a support group or received treatment services for substance use or abuse?		
7. Have you had issues with drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>		8 Date of last drug use ?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
10. When was your first attempt at Recovery? Have you ever attended 12-step recovery meetings? Yes <input type="checkbox"/> No <input type="checkbox"/>			11. What groups or meetings are you attending to help you in recovery?		
12. Do you want to stop drinking alcohol and using addictive drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>			13. Are you employed? If "yes" who is your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
14. Are you getting welfare or other non-job related income? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" what?			15. If you do not have a job will you get one? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" what job plans do you have?		
16. What is your monthly income right now? \$ _____			17. What do you expect your monthly income to be next month \$ _____		
18. Marital status [Check One] Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>			19. Do you have a medical doctor? If "yes" list the doctor's name and phone number: Yes <input type="checkbox"/> No <input type="checkbox"/>		
20. Have you ever been to a treatment facility for alcoholism and/or drug addiction? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" list the treatment provider, phone number and primary counselor, if any.			21. Do you take prescription drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" list drugs and reason (if known) the drug has been prescribed.		
Please complete the other side of this application.					

22. Projected Date of Release: (If this date changes you will need to notify the house)

23. Have you ever lived in an Oxford House before? Yes No

If "yes," provide the name and location of the Oxford House below and answer question 24.

24. [Answer this question if the answer to question 23 was "yes."] I left the previous Oxford House for the following reason: [check one]

relapse, voluntarily, other
reason(s) _____

I, do or do not owe money to the Oxford House I left.

If I did owe money to the Oxford House I left, I will agree to repay the money I owed to my former Oxford House.

Yes No

25. Emergency Telephone Numbers. [List family doctor, if you have one, + two family members or friends]

Name and Address	Relationship	Telephone
1.		
2.		
3.		

26. I realize that the Oxford House to which I am applying for residency 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 that federal money loaned to start the house requires the house residents to (A) prohibit all residents from using any alcohol or illegal drugs, (B) expel any resident who violates such prohibition, (C) equally share household expenses including the monthly lease payment, among all residents, and (D) utilize democratic decision making within the group including inclusion in and expulsion from the group. In accepting these terms, the applicant excludes himself or herself from the normal due process afforded by local landlord-tenant laws.

27. Use this space for additional relevant information:

28. I have read all of the material on this application form including the limitations set forth in item 26. I have also answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction without relapse.

SIGNATURE:

DATE:

FOR USE BY OXFORD HOUSE-- Date Moved Out Reason Money Owed

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

Oxford House Questionnaire

Questionnaire	
Have you had problems with drugs and/or alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
If Yes Please Explain	
Have you ever been arrested for any registerable sex crimes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please explain.	
Date of release	Do you have 2 forms of ID (License/Social/Birth Certificate)? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your plan for recovery?	
Do you have a sponsor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you currently do not have a sponsor will you get one?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many 12 step meetings do you attend per week?	
How many 12 step meetings will you attend per week when released?	
What step are you on now?	
Have you identified your relapse triggers	Yes <input type="checkbox"/> No <input type="checkbox"/>
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			
Can you handle constructive criticism from your peers?			
Can you confront others in a constructive manner? How?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
How?			
Have you ever attended anger management	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you have an anger problem	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
if yes, please explain			
Are you involved in a relationship?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you have children?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes, will they be visiting you on weekends or holidays ?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you have any medical problems or mental disorders?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
if yes, please explain			
Do you take any medications?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
if yes please list medication and explanation of what it's for (if known)			
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

Do you have any problems performing house chores? Yes No

if yes please explain

Use this area to tell us anything you might think we should know about. The more you fill in this section about yourself, the more the house can get to know you and make a sufficient vote based on this application.

HAVE YOUR CASE MANAGER EMAIL A COPY OF THIS TO az.reentry@oxfordhouse.us