

Application For Membership In Oxford House

To become a resident of an Oxford House, you must complete this application, contact the house of interest to you, schedule an interview and be accepted. FAX to (866) 808-0681

1. Print Name (Last, First, Middle)			3. Date of Birth		
			Month	Day	Year
2. Present address (Street) Check if treatment facility			4. Phone Where You Can Be Reached		
City	State	Zip	Home ()		
5. Are you an Alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No			6. Date of Your Last Drink?		
7. Are you addicted to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			8. Date of last drug use?		
10. When did you attend your first AA or NA meeting?			9. List drugs you used addictively:		
12. Do you want to stop drinking alcohol and using addictive drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			11. How many AA/NA meeting do you now attend each week?		
14. Are you getting welfare or other non-job related income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" what?			13. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" who is your employer?		
16. What is your monthly income right now? \$ _____			15. If you do not have a job will you get one? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," what job plans do you have?		
18. Marital status [Check One] <input type="checkbox"/> Married, <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			17. What do you expect your monthly income to be next month? \$ _____		
20. Have you ever been to a treatment facility for alcoholism and/or drug addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the treatment provider, phone number and primary counselor, if any.			19. Do you have a medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the doctor's name and phone number:		
			21. Do you take prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list drugs and reason the drug has been prescribed.		
Please complete page two of this application.					

22. Date of move in ? Immediately Other If "other" list the date you would want to move in, if accepted, and why the date is in the future rather than immediately. Date: _____ Reason: _____

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 owe money to the Oxford House I left. Yes No
 If I do owe money to the Oxford House I left, I will agree to repay the money I owe 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 1-2-3-	Relationship	Telephone

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 understands that §2036 conditions are different than the normal due process afforded by some 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

ACCEPTED NOT ACCEPTED • MOVE IN DATE _____ • MOVE OUT DATE: _____
 HOUSE KEYS RETURNED YES NO • OUTSTANDING DEBT TO HOUSE \$ _____ DATE REPAYED _____