



APPLICATION FOR MEMBERSHIP

FAX to (866) 808-0681 or eMail to director@ctoxfordhouse.org

To be accepted in an Oxford House an applicant must complete both sides of this application and be interviewed by the residents of the Oxford House to which you are applying. The residents of the house then vote on your acceptance. 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.

1. Name			3. Date of Birth		
			Month	Day	Year
2. Street (Check if treatment facility) <input type="checkbox"/>			4. Phone Where You Can Be Reached		
			Home ()		
City	State	Zip	Work ()		
5. Are you an alcoholic?		6. Date of last drink?		Have you ever attended a support group or received treatment services for substance use or abuse?	
Yes No					
7. Are you addicted to drugs?		8. Date of last drug use?		Yes No	
Yes No					
10. When was your first attempt at Recovery?			11. What groups or meetings are you attending to help you in recovery?		
Have you ever attended 12-step recovery meetings?					
Yes No					
12. Do you want to stop drinking alcohol and using addictive drugs?			13. Are you employed? If "yes" who is your employer?		
Yes No			Yes No		
14. Are you getting welfare or other non-job-related income?			15. If you do not have a job will you get one?		
Yes No			Yes No		
If "yes" what?			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]			19. Do you have a medical doctor?		
Married Never Married Separated Divorced			If "yes" list the doctor's name and phone number:		
			Yes No		
20. Have you ever been to a treatment facility?			21. Do you take prescription drugs?		
Yes No			Yes No		
If "yes" list the treatment provider, phone number and primary counselor, if any.			If "yes" list drugs and reason (if known) the drug has been prescribed.		

