

Application for Membership in Oxford House



Fax to (877) 693-6734 or eMail to director@ctoxfordhouse.org

To be accepted into an Oxford House, an applicant must complete **both pages** of this application and be **interviewed** by the residents of the residence to which you are applying. The residents will then vote on your acceptance. Carefully read the application and answer the questions honestly. Living in an Oxford House is special and if you understand its value it can help you achieve comfortable sobriety without relapse. Call toll-free (877) OXFORDH if you have any questions.

1. Print Name (Last, First MI)			3. Date of Birth		
			Month	Day	Year
2. Current Address (Check if treatment facility) <input type="checkbox"/>			4. Phone Where You Can Be Reached		
City	State	Zip	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
5. Are you an alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Date of last drink _____		9. List drugs used addictively	
7. Are you addicted to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Date of last drug use? _____			
10. You are applying for a bed in a: <input type="checkbox"/> Male House <input type="checkbox"/> Female House			11. How many AA/NA meetings do you currently attend each week?		
12. Do you want to stop drinking and/or using addictive drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			13. Are you employed? If "yes," who is your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Are you getting non-job related income? (SSI, Welfare etc.) If "yes" what? <input type="checkbox"/> Yes <input type="checkbox"/> No			15. If you answered "No" to question 13, do you plan to get one? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. What is your current monthly income? \$ _____			17. What will your monthly income be next month? \$ _____		
18. Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			19. Do you have a medical doctor? If "yes" list the name and number. <input type="checkbox"/> Yes <input type="checkbox"/> No		
20. Have you been to a treatment facility for alcoholism and/or drug addiction? If "yes," list the treatment provider, number and primary counselor, if any. <input type="checkbox"/> Yes <input type="checkbox"/> No			21. Do you take prescription drugs? If "yes," list drugs and purpose. <input type="checkbox"/> Yes <input type="checkbox"/> No		
22. Date you'd like to move in? <input type="checkbox"/> Immediately <input type="checkbox"/> Other					
If "other" list the date you'd like to move in (if accepted) and the reason for delayed move in.					
Date _____					
Reason:					

23. Location Preference (Check all that apply): New Haven Hartford West Haven

24. Have you lived in an Oxford House before? If "yes," provide the name and location of the previous Oxford House and fill in box 24.
 Yes No

25. I left the previous Oxford House for the following reason:
 Relapse Voluntarily Other _____
I owe money to the Oxford House I left: Yes No
If "yes" the amount \$ _____
I agree to repay the money I owe to my previous Oxford House: Yes No N/A

26. Emergency Contacts (List doctor if you have one and/or two family members or friends)

Name	Telephone Number	Relationship
1		
2		
3		

27. I am aware 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 and 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 normal due process by some local landlord-tenant laws.

28. Use this space for any additional relevant information.

29. I have read all of the material on this application form including the limitations set forth in Item 27. 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

Interview Date _____ Accepted Date _____ Not Accepted **Date of Deposit** _____
Move In Date _____ **Move Out Date** _____ **Keys Returned** Yes No
Cable Box Returned: Yes No
Outstanding Debt to House \$ _____ **Date Repaid** _____

Notes: