



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.

Print Name: First M. Last		Pronouns:		Date of Birth: Month/Day/Year	
Email Address:			Phone Number:		
Present Address: Street Address		City		State Zip Code	
Currently in Treatment or Facility? Circle one: YES NO		Treatment/Facility Name		Contact Name Contact Phone	
If Yes, List Contact Info:					
Do you have an alcohol problem? Circle one: YES NO				Date of last Drink: Month/Day/Year	
Do you have a drug use problem? Circle one: YES NO				Date of last use: Month/Day/Year	
Do you want to stop using/drinking? Circle one: YES NO				How many recovery meetings do you attend per week?	
List all the drugs you misused:					
Are you employed full-time? Circle one: YES NO				Employment monthly income: \$	
Are you receiving other income? (retirement, disability, family, welfare) Circle one: YES NO				Other monthly income: \$	
Marital status: Circle one: Single Married Separated Divorced Widowed					
Medical doctor name:			Medical doctor contact number:		
Mental health professional name:			Mental health professional number:		
Name of last treatment center/detox:			Number of times in Treatment/Detox:		
List all the medications you are currently prescribed:					
Can you move-in immediately? YES NO		If no, give the reason:			
Have you lived in an Oxford House before? YES NO		If yes, list the House name:			
If yes, what was the reason of your departure? Check one: <input type="checkbox"/> Voluntary <input type="checkbox"/> Relapse <input type="checkbox"/> Disruptive Behavior <input type="checkbox"/> Nonpayment of EES					
If yes, did you leave owing money? YES NO		If yes, amount you left owing: \$			
List 3 emergency contacts:					
Name		Relationship		Contact Number	
Name		Relationship		Contact Number	
Name		Relationship		Contact Number	
All of the information on page 1 is honest and accurate. Initials _____				Today's Date: Month/Day/Year	

Use this space to tell us relevant information related to your active addiction and recovery, including why you want to live here.

I understand that the Oxford House to which I am applying is not run, managed, or supervised by Oxford House, Inc., and that Oxford House, Inc. does not provide any services or treatment to the Oxford House or its residents. As such I release Oxford House, Inc. for myself and for my heirs, executors, administrators, and assigns, from any and all suits, claims, demands and causes of action, known or unknown, of whatever kind, that may arise from my residency at the Oxford House to which I am applying.

Oxford House, Inc. does not provide direct, ongoing, or preventative services related to an individual's recovery, nor does it monitor any individual's continued adherence to sober living- these are all self-monitored journeys - whether they be successful or otherwise is outside the purview of Oxford House, Inc. as it does not monitor any individual's journey or provide any individual services at any time.

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 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: _____ Print Name: _____ 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: ☐ Voluntary Departure
☐ Substance Use Recurrence
☐ Disruptive Behavior Money Owed \$ _____ Date Paid: _____
☐ Nonpayment of EES