

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.

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. Are you an Alcoholic?		6. Date of Your 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 If "yes" what?			Yes No 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 for alcoholism and/or drug addiction?			21. Do you take prescription drugs?		
Yes No If "yes" list the treatment provider, phone number and primary counselor, if any.			Yes No If "yes" list drugs and reason (if known) the drug has been prescribed.		
NAME:					
22. Projected Date of Release: (If this date changes you will need to notify the house)					

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re-entry@oxfordhouse.us
Specify the city or particular house the applicant would like to apply to.

<p>23. Have you ever lived in an Oxford House before? Yes No</p> <p>If "yes," provide the name and location of the Oxford House below and answer question 24.</p>														
<p>24. [Answer this question if the answer to question 23 was "yes."] I left the previous Oxford House for the following reason: [check one]</p> <p>relapse, voluntarily, other reason(s) _____</p> <p>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</p>														
<p>25. Emergency Telephone Numbers. [List family doctor, if you have one, + two family members or friends]</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">Name and Address</th> <th style="width: 33%; text-align: center;">Relationship</th> <th style="width: 33%; text-align: center;">Telephone</th> </tr> </thead> <tbody> <tr> <td style="height: 40px; vertical-align: top;">1.</td> <td></td> <td></td> </tr> <tr> <td style="height: 40px; vertical-align: top;">2.</td> <td></td> <td></td> </tr> <tr> <td style="height: 40px; vertical-align: top;">3.</td> <td></td> <td></td> </tr> </tbody> </table>			Name and Address	Relationship	Telephone	1.			2.			3.		
Name and Address	Relationship	Telephone												
1.														
2.														
3.														
<p>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.</p>														
<p>NAME: 27. Use this space for additional relevant information:</p>														

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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 _____

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Oxford House Questionnaire

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

Questionnaire	
Are you an Alcoholic or an Addict?	Yes No
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 No
If Yes Please Explain	
Have you ever been arrested for any registerable sex crimes?	Yes No
If yes please explain.	
Date of release _____	What is your current level? 1
2 3 4	
What is your plan for recovery?	
Do you have a sponsor?	Yes No
If you currently do not have a sponsor will you get one?	Yes No
How many 12 step meetings do you attend per week?	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 +
NAME:	
How many 12 step meetings will you attend per week when	0 1 2 3 4 5 6 7 8 9 10 11 12

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released?	13 +14
What step are you on now?	0 1 2 3 4 5 6 7 8 9 10 11 12
Have you identified your relapse triggers	Yes No
if yes, what are they?	
Tell us what your behavior might be like when you are 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	
How do you handle confrontation?	
Can you confront others in a constructive manner? How?	Yes No
How?	
NAME:	

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Have you ever attended anger management	Yes No
Do you have an anger problem	Yes No
if yes, please explain	
	Yes No
Are you involved in a relationship?	
Do you have children?	Yes No
If yes, will they be visiting you on weekends or holidays ?	Yes No
Do you have any medical problems or mental disorders?	Yes No
if yes, please explain	
	Yes No
Do you take any medication	
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

NAME: _____

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