



OXFORD HOUSE - _____
NEW MEMBER PACKET

Name: _____ **Date of Move-in:** _____

CHECKLIST

Item	Member Initials	President Initials
Membership Application completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
House Manual provided and reviewed	<input type="checkbox"/>	<input type="checkbox"/>
House Guidelines provided and reviewed	<input type="checkbox"/>	<input type="checkbox"/>
Membership Agreement read and signed	<input type="checkbox"/>	<input type="checkbox"/>
Plan for Recovery completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
Relapse Contingency completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Release completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
Property list completed and signed	<input type="checkbox"/>	<input type="checkbox"/>

Member Signature: _____

Date: _____

President Signature: _____

Date: _____



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?		Treatment/Facility Name		Contact Name	Contact Phone
Circle one: YES NO					
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
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 Nonpayment of EES Money Owed \$ _____ Date Paid: _____



OXFORD HOUSE - MEMBERSHIP AGREEMENT

I, _____, as a member of this Oxford House, agree to abide by the Oxford House Model and System of Operations, the Lease, and the guidelines for this House. I understand that if the House determines I have had a recurrence of use, I will be expelled from the house, effective immediately. A recurrence of use will be determined by a majority vote of the House members. A urinalysis/breath analyzer is not required, although refusal to submit to one, if asked by the House or Chapter, will be considered an admission of a recurrence of use. Absence from the house for longer than three days that is not pre-arranged may be considered a recurrence of use, and if done so, the house may vote that a recurrence of use has occurred and expel me in my absence. I understand that otherwise, I have a right to be present at any house meeting addressing my possible recurrence of use and I have the right to participate in the vote.

I understand that criminal activity, physical violence, threats of physical violence, allowing a guest in the house who is under the influence of drugs or alcohol, and failure to bring a house member's recurrence of use to the attention of the house will cause me to be expelled for disruptive behavior effective immediately. I understand that if I am placed on a disruptive behavior contract (including for non-payment of Equal Expense Share (EES)) and violate the terms of that contract, I may be expelled for disruptive behavior effective immediately.

In case of expulsion, or if I move out without notice, any unused portion of my EES will be returned to me as soon as is reasonably possible, but no later than 30 days of my departure. If any portion of my EES has been paid by a third party, I understand that the unused EES will be returned to that organization or individual.

I also agree to the following terms as to the disposition of my personal belongings if I am expelled or voluntarily move out of the house without removing my possessions.

1. I am expected to remove my property from the house within 72 hours. During this time the House will not do anything with my property except in case of emergency. If unable, I may authorize a third party to remove my belongings. A signed, written authorization must be given to the house membership prior to a third-party taking possession of my property.
2. After 72 hours, the House members will pack up and store my belongings up to 30 days from my departure.
3. If I have not removed my property within 30 days or made other arrangements satisfactory to the majority of the House membership, my possessions will be disposed of and/or donated to a charitable organization.

I understand and accept the above procedures as a guideline of this Oxford House.

House Member Name

House Member Signature

Date

House President Name

House President Signature

Date

I realize that the Oxford House in which I reside 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 member excludes himself or herself from the normal due process afforded by local landlord-tenant laws.



OXFORD HOUSE -

PLAN FOR RECOVERY

Name _____

Date _____

My plan for recovery:

If enrolled in an aftercare/court program, my attendance includes:

I do have a sponsor/mentor.

I do not have a sponsor/mentor. I plan to have one by date: _____

I plan to attend _____ recovery meetings per week.

The type of meetings I will attend: _____

I understand if I have a drug use recurrence (including alcohol), I will be immediately expelled from this Oxford House.

Signature _____

Date _____

President _____

Date _____

RELAPSE CONTINGENCY PLAN

I, (print name) _____ understand that per the Oxford House Charter, if I have a recurrence of use I will be immediately expelled from this Oxford House. If this should happen, I would like the following actions to be taken:

Check all that apply

Places I can go: Family Friend Detox / Treatment Other

Describe details: including names, phone numbers, and addresses:

People to Notify:

Name	Phone Number	Relationship

I understand I have 30 days to remove all of my personal belongings from this Oxford House and that any items left behind after 30 days will be thrown away or donated to a local charitable organization.

I understand that 72 hours after being expelled, any of my personal items I have not removed from the property will be safely removed from the bedroom and relocated to a storage area.

If I am unable to remove my personal belongings from this Oxford House,
I give the following people permission to remove them for me:

Name	Phone Number	Relationship

Member Signature: _____

Date: _____

President Signature: _____

Date: _____

Witness Signature: _____

Date: _____



OXFORD HOUSE - EMERGENCY MEDICAL INFORMATION RELEASE FORM

Name _____ D.O.B. _____ Blood Type _____

Physician Name _____ Physician Phone _____

Hospital or Clinic _____

Insurance Info _____

Allergies _____

Medications _____

Medical History _____

Emergency Contacts

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I hereby give consent for emergency medical treatment

Signature _____ Date _____



OXFORD HOUSE - --- PROPERTY LIST

Name _____

Move-in Date _____

Date

Property Item & Description

President Initials

COMMON GUIDELINES

Successful Oxford Houses focus on recovery, responsibility, accountability, communication, and unity.
Read the Manual. Follow the Traditions. Adhere to the Lease. Learn the Model.

1. **MEMBERSHIP:** Every member has a voice and a choice. New members within their first 30 days have restrictions on curfew times and overnights, along with increased 12-step meeting requirements. This is to help them get established with living in Oxford House and practicing a recovery program.
2. **EES:** (Equal Expense Shared): Everyone pays the same weekly expense. EES adjusts as vacancies change. Houses place members on financial contracts when they fall behind. Members more than 2 weeks behind are usually put on an ultimatum to get current or face expulsion. *Read Tradition 6*.
3. **HOUSE MEETINGS:** House meetings are mandatory. House meetings include weekly business meetings, interviews, and emergency meetings. All meeting minutes are documented. Approved absences include: work, school, vacation, or family/medical emergencies. *Read Tradition 2*
4. **RECOVERY MEETINGS:** Successful Oxford Houses have 12-step recovery as the cornerstone. *Read Tradition 4*
5. **CURFEW:** Houses implement curfews to bring structure into member's lives. Members late for curfew may be placed on a "no overnight" contract for a designated timeframe.
6. **OVERNIGHTS:** If having a guest or if staying out, communication with the house is important. Improper communication may result in a "no overnight" contract for a designated timeframe.
7. **GUESTS:** Members are responsible for their guests. Do not leave guests unattended in the house. Guests must not be active in addiction or under the influence of drugs or alcohol.
8. **MEDICATION:** Members are responsible for their own medications. Lock boxes are required. Pill counts may be asked. Doctor notes and/or prescription verification may be asked. *Read Tradition 7*
9. **CHORES/CLEANLINESS:** Chores will be assigned once a week at the weekly business meeting. Each member must keep their assigned area clean. One or two days may be designated as "chore days". Neglected or incomplete chores may result in consequences, such as fines, added chores, or deep cleaning. Rooms should be kept clean. Members are expected to clean up after themselves when cooking/eating. Personal items don't belong in common areas.
10. **BEDROOMS:** Bedrooms are private, and should be respected. Do not enter another bedroom without permission. Members in shared rooms should have mutual respect. Bedroom doors are not to be locked from the outside. Moving rooms is based on length of stay or house vote.
11. **CONFLICTS:** There will be times where houses need to solve conflicts. Be objective and focus on recovery principles. Put the house's well-being first. If a conflict persists, call the Chapter Housing Services Committee (HSC) for assistance. *Read Tradition 5*
12. **DISRUPTIVE BEHAVIOR:** Any continuous behavior that upsets the house as a whole or threatens the reputation of the house. Members may be put on a behavioral contract or expelled depending on the circumstances. Lack of quality recovery leads to chronic disruptive behavior. Nonpayment of EES is considered disruptive. *Read Tradition 3*
13. **WARNING/CONTRACT/EXPULSION:** No one is perfect. Members use accountability to help each other grow. All disruption is discussed as soon as possible. Severe disruption may need an emergency meeting called. Limited opportunity is given to correct negative behavior. Any contract placed on a member must be documented in the minutes and approved by a vote. Immediate expulsion is given for: relapse, violence, and blatant criminal activity. *Read Tradition 3*

OXFORD HOUSE -

GUIDELINES

Each Oxford House is autonomous and operates in accordance with the Oxford House Model. Each House must adhere to the Oxford House Charter, Traditions, and House Manual. No Member is ever voted out of an Oxford House without cause:

(1) Relapse; (2) Nonpayment of Expenses; (3) Disruptive Behavior.

Recovery comes first and principles come before personalities. Addressing behavior should be done in the following order:

(1) Warning; (2) Contract; (3) Expulsion.

NEW MEMBERS (FIRST 30 DAYS)

1. No nights out. No overnight guests.
2. Midnight curfew.
3. Mandatory minimum of five 12-step meetings per week with meeting sheet signed.
4. Must attend 1 Chapter Mtg., 1 HSC Mtg., and 1 New member Orientation by day 60.
5. Removal from New Member restriction requires a zero balance and a majority vote in a House Meeting.

MEMBERS

1. Three total overnights per week. No more than 2 nights in a row.
2. 2:00 AM curfew.
3. Mandatory minimum of three 12-step meetings per week.
4. New Member restriction placed on any member behind in EES.

Any guideline can be added, removed, or altered by a majority vote in a house meeting.

A successful Oxford House is built on the foundation of:

- RECOVERY
- RESPONSIBILITY
- ACCOUNTABILITY
- COMMUNICATION
- UNITY & FUN

By signing below, I acknowledge I have read and understand the guidelines of this house.

Member Signature: _____ Date: _____

President Signature: _____ Date: _____

Meeting Verification Sheet

Name _____ Phone# _____

Oxford House