

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	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 las Month/Day/Y		
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 mon	thly income:	\$
Marital status: Circle one:	Sin	ngle M	arried	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 curre	ently prescrib	ed:				
Can you move-in immediately? YES NO			If no, give the reason:			
Have you lived in an Oxford House b	If yes, list the House name:					
If yes, what was the reason of your d	eparture? Ch	eck one:	oluntary Rela	pse 🔲 D	isruptive Behavior	☐ Nonpayment of EES
If yes, did you leave owing money?	YES	S NO	If yes, amount y	ou left owin	g: \$	
List 3 emergency contacts: Name	Re	elationship	Contact Number			
Name	Re	elationship	Contact Number			
Name	Re	elationship		Contact Number		
				Today's Da	ate:	
All of the information on page 1 is ho	nest and acc	curate. Initial	s	Month/Dav/Y		

Use this space to tell us relevant information related to your active addiction and recovery, including why you want to live here.					
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: Substance Use Recurrence					
Move-out Date: Reason: Disruptive Behavior Money Owed \$ Date Paid:					