

22. Date of move in ? <input type="checkbox"/> Immediately <input type="checkbox"/> Other -- If "other" list the date you would want to move in, if accepted, and why the date is in the future rather than immediately. Date: _____ Reason: _____		
23. Have you ever lived in an Oxford House before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," provide the name and location of the Oxford House below and answer question 24.		
24. [Answer this question if the answer to question 23 was "yes."] I left the previous Oxford House for the following reason: [check one] <input type="checkbox"/> relapse, <input type="checkbox"/> voluntarily, <input type="checkbox"/> other reason(s) _____ I, did <input type="checkbox"/> or do not <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No		
25. Emergency Telephone Numbers. [[List family doctor, if you have one, + two family members or friends]		
Name and Address	Relationship	Telephone
1-		
2-		
3-		
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.		
27. Use this space for additional relevant information: 		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE: _____ </div> <div style="width: 45%;"> DATE: _____ </div> </div>		
FOR USE BY OXFORD HOUSE		

Application For Membership In Oxford House

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. Print Name (Last, First, Middle)			3. Date of Birth		
			Month	Day	Year
2. Present address (Street) Check if treatment facility <input type="checkbox"/>			4. Phone Where You Can Be Reached		
			Home ()		
City	State	Zip	Work ()		
5. Are you an Alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Date of Your Last Drink?	9. List drugs you used addictively:		
7. Are you addicted to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Date of last drug use?			
10. When did you attend your first AA or NA meeting?			11. How many AA/NA meeting do you now attend each week?		
12. Do you want to stop drinking alcohol and using addictive drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			13. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" who is your employer?		
14. Are you getting welfare or other non-job related income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" what?			15. If you do not have a job will you get one? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" what job plans do you have?		
16. What is your <u>monthly</u> income right now? \$ _____			17. What do you expect your monthly income to be next month? \$ _____		
18. Marital status [Check One] <input type="checkbox"/> Married, <input type="checkbox"/> Never Married, <input type="checkbox"/> Separated, <input type="checkbox"/> Divorced			19. Do you have a medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the doctor's name and phone number:		
20. Have you ever been to a treatment facility for alcoholism and/or drug addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the treatment provider, phone number and primary counselor, if any.			21. Do you take prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list drugs and reason the drug has been prescribed.		
Please complete the other side of this application. 					