

Oxford Houses of Tennessee



NAME _____ DATE _____

Newcomer Packet

Fill out forms and turn in at next house meeting.

Oxford Houses of Tennessee



THE THREE “R’S” OF OXFORD HOUSE LIVING PRESENTED TO _____ WELCOME TO OXFORD HOUSE – _____

You have been voted into our house by at least 80% of our members. We would like to welcome you!

The first Tradition of Oxford House states “that Oxford House has its primary goal the provision of housing and rehabilitative support for the alcoholic and addict that wants to stop using or drinking.”

Oxford House combines **Recovery, Responsibility and Replication** to enable each of our members to live free of the disasters of drug and/or alcohol addiction. How you use it will make a difference in your own recovery and the stability of the house.

The simple key factors of the Oxford concept and charter requirements that can ensure your success are:

1. Pay your share of expenses on time.
2. Do not use drugs or alcohol in or out of the house.
3. Share in the democratic procedures of the house.

Each house is guided by the simple guidelines of our manual and traditions and the individual house set of rules, guidelines or house expectations. You are expected to read these and familiarize yourself with them. If you have any questions, a house member will explain them.

RECOVERY

Each member is responsible for his or her own plan of recovery. This should include completing your treatment plan (if applicable), participating in a 12-Step program or related recovery program, and using an outside sponsor or your house mates to help you. Healthy recovery is about change. This mean making an effort to change your old behaviors.

You may be asked to write out a plan for your recovery when you move into the house. Many of the houses may require that you attend a certain number of meetings weekly. Many years of research shown that our successful members attend four to five AA or NA meetings weekly. All of our guidelines have been designed to support you in your recovery and to ensure a healthy home.

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RESPONSIBILITY

Each house holds weekly business meetings. As a member you will participate in these meetings, have full voting rights and may even be elected by the other members to hold an office. House Officers are elected every six months. Your house will help you learn the procedure of their Oxford House meetings. We encourage you to learn the duties of each House Officer, learn the Oxford House Traditions and to read the Oxford House Manual.

You will be expected to pay your share of expenses on time, to complete your assigned chores, to follow your plan of recovery and to abide by the house rules. You may be asked to fill out some forms. Please do as soon as possible. As you grow in your recovery and comfort level in the house you can help other new members. Your growth will be enhanced by your willingness to participate.

REPLICATION

As you grow in your Oxford House experience, you may be asked to share your experience at treatment centers and other agencies. You may have the opportunity to assist in the opening of a new house. This has many aspects to it, such as recruiting new members, sending out fliers, finding household donations and teaching the new house how Oxford House functions.

We are happy you have been chosen to be a member of our house and share in all of our recoveries. You will be joining a family of more than 10,000 people around the world that currently live by the Oxford House Traditions, Principles and System of Operations.

Oxford House is a time-tested model, with 36 years of helping hundreds of thousands of successful recovering alcoholics and addicts. Oxford House allows you to stay as long as you like, as long as you do not go back to using drugs and alcohol, and abide by the guidelines.

Your success depend on your honesty, open mindedness and willingness to change and share your recovery.

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OXFORD HOUSE

Resident Contract

I, _____, as a member of _____ Oxford House located at address _____ agree to abide by the rules and guidelines of the house.

____ I understand that if I am found to be using alcohol and/or other drugs, I will be expelled from the house immediately. (Move-in and U.A. fees are not refundable.)

____ I understand that if I am found by a majority vote to be in violation of house rules, including but not limited to non-payment of shared expenses or disruptive behavior, I can be expelled from the house.

____ I understand that if I am placed on a contract for any reason (i.e. rent, curfew, behavior) and am found by a majority vote to be in violation of that contract, I understand that I will be immediately expelled from the house.

____ I understand that as a house member, I further agree to the following terms upon my departure from this residence, under *any* circumstances;

Personal items will be removed from within and around this residence within 72 hours.

If personal items are not removed from this residence within 30 days of departure date, on day 31 any remaining items will be donated to a charitable organization.

Signature of House Member

Date

Signature of House President

Date

Signature of any House Officer/Position Title

Date

Oxford Houses of Tennessee



OXFORD HOUSE: _____

Name: _____ Date: _____

My Plans for follow up in Recovery: _____

If enrolled in an Aftercare Program, my plans for attendance: _____

I do _____ do not _____ have a sponsor at this time. If you do not, how soon can you obtain a sponsor? _____

I plan to attend _____ AA/NA meetings per week.

I am using _____ book for my Daily Meditation

I understand that if I drink or use in or out of this house, I will be expelled immediately.

Signature: _____ Date: _____

House Officer: _____ Date: _____

House Officer: _____ Date: _____

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OXFORD HOUSE: _____

Emergency Medical Information Release Form

This form is to be used for emergency medical use only:

Name: _____ Age: _____

Date of Birth: _____ Blood Type: _____

Primary Physician: _____ Phone #: _____

Hospital or Clinic: _____

Insurance: _____

Allergies: _____

Medications: _____

Medical History (Major Surgeries, contracted diseases, hereditary health problems, etc...):

In case of Medical Emergency Contact:

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

3) Name: _____ Phone: _____

I hereby give my consent for medical treatment

Signature: _____ Date: _____

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RELAPSE CONTENGCY PLAN

I understand that per Oxford House charter, if I return to active drinking or drug use I will be immediately expelled from this Oxford. If this should happen, I would like the following actions to be taken:

Places I can go: Family Friend Detox/Treatment
 Hotel Other

Describe details: Including names, phone numbers and addresses:

People to notify:

Name	Phone number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that 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 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
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____