



OXFORD HOUSE - \_\_\_\_\_

# NEW MEMBER PACKET

Name: \_\_\_\_\_ Date of Move-in: \_\_\_\_\_

## CHECKLIST

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

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.

<b>Print Name:</b> First M. Last		<b>Pronouns:</b>		<b>Date of Birth:</b> Month/Day/Year	
<b>Email Address:</b>			<b>Phone Number:</b>		
<b>Present Address:</b> Street Address		City		State Zip Code	
<b>Currently in Treatment or Facility?</b> Circle one: YES NO		Treatment/Facility Name		Contact Name Contact Phone	
<b>If Yes, List Contact Info:</b>					
<b>Do you have an alcohol problem?</b> Circle one: YES NO				<b>Date of last Drink:</b> Month/Day/Year	
<b>Do you have a drug use problem?</b> Circle one: YES NO				<b>Date of last use:</b> Month/Day/Year	
<b>Do you want to stop using/drinking?</b> Circle one: YES NO				<b>How many recovery meetings do you attend per week?</b>	
<b>List all the drugs you misused:</b>					
<b>Are you employed full-time?</b> Circle one: YES NO				<b>Employment monthly income:</b> \$	
<b>Are you receiving other income?</b> (retirement, disability, family, welfare) Circle one: YES NO				<b>Other monthly income:</b> \$	
<b>Marital status:</b> Circle one: Single Married Separated Divorced Widowed					
<b>Medical doctor name:</b>			<b>Medical doctor contact number:</b>		
<b>Mental health professional name:</b>			<b>Mental health professional number:</b>		
<b>Name of last treatment center/detox:</b>			<b>Number of times in Treatment/Detox:</b>		
<b>List all the medications you are currently prescribed:</b>					
<b>Can you move-in immediately?</b> YES NO		<b>If no, give the reason:</b>			
<b>Have you lived in an Oxford House before?</b> YES NO		<b>If yes, list the House name:</b>			
<b>If yes, what was the reason of your departure?</b> Check one: <input type="checkbox"/> Voluntary <input type="checkbox"/> Relapse <input type="checkbox"/> Disruptive Behavior <input type="checkbox"/> Nonpayment of EES					
<b>If yes, did you leave owing money?</b> YES NO		<b>If yes, amount you left owing:</b> \$			
<b>List 3 emergency contacts:</b>					
Name		Relationship		Contact Number	
Name		Relationship		Contact Number	
Name		Relationship		Contact Number	
<b>All of the information on page 1 is honest and accurate.</b> Initials _____				<b>Today's Date:</b> 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 Money Owed \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_  
☐ Nonpayment of EES



# 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 \_\_\_\_\_

[illegible]