



# 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><br>First M. Last  |  | <b>Pronouns:</b>                         |  | <b>Date of Birth:</b><br>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><br>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><br>Month/Day/Year              |  |
| <b>Do you have a drug use problem?</b> Circle one: YES NO  |  |  |  | <b>Date of last use:</b><br>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><br>(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><br>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.*

*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

Updated Sept 2025