



Application Date: _____ Referring Agency: _____
 Interviewed by: _____ Date of Interview: _____ House: _____
 Date Moved In: _____ Date Exited: _____ Reason for Leaving: _____
 Reason Not Accepted: _____

Oxford House Residency Application

#204 – 1409 Edmonton Trail NE
 Calgary, AB T2E 3K8
 Phone: (403) 287-8771
 Fax: (403) 214-2047
 Toll Free: 1-877-214-5764
 outreach@oxfordhousefoundation.ca

PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY

Are you Aboriginal or Metis? _____
 Male: ___ Female: ___ Are you Homeless? Yes ___ No ___

Last Name _____ First Name _____ Initial _____

Address: _____ Phone# _____ Work # _____

Birth Date: Month ___ Day ___ Year ___ Age: ___ Social Insurance Number _____

What is your MAIN Addiction? (One Only) _____

What else are you addicted to? _____

What drugs have you used in the past year? _____

Do you have a gambling addiction? Yes ___ No ___ Last Date Gambled: _____

List any treatment you have had in the past or are taking now for your addiction.

Treatment Centre	Date of Treatment	Reason for Leaving

What is the longest time you have been clean and sober? _____ From _____ To _____

Date of Last Drink: _____ Date of Last Drug: _____

What Program Meetings will you attend each week?
 AA ___ NA ___ CA ___ GA ___

List All Medications You Are Taking, Including Prescribed & Non-Prescribed

Medication	Dosage	Reason Prescribed	Date Prescribed

Do you have any special needs that we should be aware of? (Learning disabilities, difficulty with reading or writing, hearing difficulties, difficulties with stairs etc.) _____

Note: The following information is confidential for Oxford House only and will not be released .

Are you employed? Yes ___ No ___ Employer's Name: _____

If not, what is the date of your last full-time job? _____

Will you be actively looking for work? Yes ___ No ___ Explain _____

Current financial assistance: (Please check one)

Social Services ___ E.I. ___ W.C.B ___ A.I.S.H. ___ Other (Specify) _____

Have you already received a cheque for this month?: Yes ___ No ___

Total net monthly income \$ _____ Social Services Worker: _____ Phone: _____

Legal Status:

Past or Present Convictions, Court Dates etc. _____

Sex related crimes? Yes ___ No ___ Explain if Yes _____

Parole or Probation Officer's name & phone #: _____

Have you lived in Oxford House before? Yes ___ No ___ If Yes, which Oxford House, what date and what was your reason for leaving? _____

Please provide 2 emergency contacts:

Name	Address	Phone Number

Current Medical Condition (Recent injuries, surgery etc.) _____

Physician's name & phone #: _____

Any history and/or contact with any communicable diseases Yes ___ No ___

If Yes, Explain: _____

.....
: I have read the items above my signature on this application and understand that if accepted into an :
: Oxford House, I agree to the terms in these items including the waiver of any landlord-tenant rights :
: I might have with respect to residency in Oxford House. I understand that I fully subject myself to :
: the rules of Oxford House. Membership fees will not be refunded if an individual is required to :
: leave. If leaving is voluntary and two weeks written notice is given, the sobriety deposit will be :
: repaid within 30 days of vacating the house, after the phone and other bills come in and appropriate :
: deductions are made. Oxford House will conduct random drug testing. The nature of Oxford :
: House requires immediate eviction of a resident member who is using alcohol or drugs including :
: abuse of prescription drugs. Any member suspected of using alcohol or drugs, displaying disruptive :
: behaviour or nonpayment of monies can be evicted by a majority vote of the house membership. :
:.....

Membership Fees & Sobriety Deposits will not be refunded if the resident is evicted for the above clause.

I, _____ agree that within 72 hours (3 days) of leaving a residence, voluntarily or otherwise, I will remove my personal belongings. After 72 hours, a fee of five dollars (\$5.00) per day will be charged for storage. After 30 days, belongings will be donated to charity.

I understand that I am required to sign a Contract of Oxford House Residency and that a false answer on any of the above items is grounds for eviction from Oxford House.

Signature _____ Date _____



**AUTHORIZATION FOR RELEASE/OBTAINMENT OF
CONFIDENTIAL INFORMATION**

I, _____, do hereby authorize and
request the release of oral and/or written information
from, _____, to be given to the
Oxford House Foundation of Canada.

In making this request, I hereby consent to the release of any
confidential information regarding my personal history, medical history,
treatment, and/or any information deemed necessary by the Oxford
House Foundation of Canada.

This authorization and request is intended confidential for the specific
purposes of the Oxford House Foundation of Canada only.

Dated this _____ day of _____, 200

CLIENT NAME (Please Print)

CLIENT SIGNATURE

**WITNESS (Please print) Must
Be an Authorized Representative
of the Oxford House Foundation of Canada**

SIGNATURE OF WITNESS



I, _____ Agree to submit to:

- Drug, alcohol and adulterant (drugs) tests when required by the staff of Oxford House of Canada.
- I also agree that if the test shows a positive result for the use of prohibited drugs or alcohol including prescription benzodiazepines or other sedatives, I will be evicted immediately.

I also agree that if I refuse to take the test or accept it's validity, Oxford House has the right to evict me immediately.

I further agree:

- That if the test for adulterants shows that I have taken something to influence a drug test, it will be treated the same as testing positive for a prohibited drug, and I will be evicted immediately.

Signed this _____ day of _____ 201_

Print Name _____

Signed _____

Witness _____

(for Oxford House Foundation)