



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

#8, 10704 - 108 St.  
 Edmonton, AB T5H 3A3

**PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY**

Are you Aboriginal or Metis? \_\_\_\_\_  
 Male: \_\_\_ Female: \_\_\_ Are you Homeless? Yes \_\_\_ No \_\_\_

**Men Contact:**  
**Men's Outreach Worker**  
 Phone: 780.455.5517  
 Cell: 780.975.5975  
 Fax: 780.455.5106  
 edmonton@oxfordhousefoundation.ca

**Women Contact:**  
**Women's Outreach Worker**  
 Phone: 780.455.5517  
 Cell: 587.989.8610  
 Women Fax: 780.455.5106  
 edmontonwomen@oxfordhousefoundation.ca

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 \_\_\_\_\_, 201

\_\_\_\_\_  
**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 its 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)