

**Please review this list of criteria prior to completing the rest of this application.**

## Referrals

Applications must have a referral/recommendation from:

1. A treatment centre representative who can provide verification of successful completion of a drug treatment program within the past year from date of application. (Preferred referral method.); or,
2. A member in the medical/wellness field (doctor, counsellor, etc.) OR member of an organization such as AA or NA (e.g., a sponsor) who has known the individual and can verify the individual has been sober for a sustained time.

## Criteria

1. Homeless or at-risk of being homeless.
2. Not using and committed to remaining sober.
3. All applicants will have completed a minimum 28-day in-patient treatment program. Equivalent out-patient treatment may be an option, inquire before applying.
4. Individuals currently taking Methadone are **not** eligible to become Oxford House Members. Suboxone **is** permitted, with conditions, please contact staff prior to applying if prescribed suboxone.
5. Willing and able to work, or go to school, or attend a recognized treatment program.
6. Ability to live independently. Each member should be able to perform general life skills on their own. We do not have provision for individuals with special needs at this time. Heavily medicated individuals or those who have severe mental health challenges are not deemed suitable as our residences are **not** staffed in-house.
7. Individuals recently incarcerated are eligible to apply only through recommendation from a substance use disorder treatment program (i.e. DSATU); and,
8. Persons with sexually related convictions within the last 15 years are considered ineligible.



## Oxford House Saskatchewan / Residency Application

Preferred Oxford House Saskatchewan: ☐ Regina or ☐ Saskatoon

Date: \_\_\_\_\_

**Referral** | Complete referral information is required, or the application will be rejected.

Agency Name\*: \_\_\_\_\_

Referring Agent's Name\*: \_\_\_\_\_ Phone\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

**Support** | Please fill out, if you have more than one organization other than the referring agency providing you support.

Support Agency's Name: \_\_\_\_\_ Support Agent's Name: \_\_\_\_\_

Support Agent's Email Address: \_\_\_\_\_

Support Agent's Phone: \_\_\_\_\_

Support Agency's Name: \_\_\_\_\_ Support Agent's Name: \_\_\_\_\_

Support Agent's Email Address: \_\_\_\_\_

Support Agent's Phone: \_\_\_\_\_

**Personal Information** | Please ensure as much information as possible is provided.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Prov.: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_ Phone (Secondary): \_\_\_\_\_

Saskatchewan Health Card? ☐ Yes ☐ No Hospitalization # \_\_\_\_\_ S.I.N.: \_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Biological Sex: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children? ☐ Yes ☐ No

Any Special Needs? ☐ Yes ☐ No If Yes, specify: \_\_\_\_\_

Previous Stay with OXFORD HOUSE SASKATCHEWAN? ☐ Yes ☐ No If Yes, where? \_\_\_\_\_

Emergency Contact (Primary): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact (Secondary): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Homelessness Status** | Required for eligibility assessment.

Are you homeless ☐ Yes ☐ No

At risk of homeless ☐ Yes ☐ No

**Addictions Information**

Main addiction (One only): \_\_\_\_\_ Others (List): \_\_\_\_\_

Drug(s) used in the last year: \_\_\_\_\_

Longest time clean and sober (M/D/Y): From \_\_\_\_\_ To \_\_\_\_\_ Date of Last Use (M/D/Y): \_\_\_\_\_

Other nonsubstance addictions? (i.e. Gambling, Gaming, Sex) ☐ Yes ☐ No If Yes, Please List? \_\_\_\_\_**Treatment and Medications** | Provide **most recent** treatment centre information.

Treatment Centre: \_\_\_\_\_

Date of Treatment Completed? (M/D/Y): From \_\_\_\_\_ To \_\_\_\_\_

Present Medications? (List): \_\_\_\_\_

Treatment History (If Any): \_\_\_\_\_

1. Treatment Centre: \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_

2. Treatment Centre: \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_

**Medical Information**

List current medical conditions if applicable (recent injuries, surgery, etc. or Not Applicable): \_\_\_\_\_

Any history of communicable disease? ☐ Yes ☐ No If Yes, when and how treated? \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Demographics** | OptionalIndigenous? (First Nations, Metis or Inuit): \_\_\_\_\_ Status? ☐ Yes ☐ No Location: \_\_\_\_\_

Citizenship Status (List): \_\_\_\_\_

Birth Country: \_\_\_\_\_

**Legal Information** | If you are on Parole and/or Probation, you must provide documentation **prior** to entry.Current Charges? ☐ Yes ☐ No If Yes, what charges? \_\_\_\_\_ Upcoming Court Dates: \_\_\_\_\_Parole? ☐ Yes ☐ No Probation? ☐ Yes ☐ No

If yes, assigned Officer's Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Past convictions? (Specify): \_\_\_\_\_

Have you ever had sexually related charges brought against you? ☐ Yes ☐ No**Employment** | We **will not** contact any employer without **prior** consent from you.Are you currently employed? ☐ Yes ☐ No If Yes, Employer (Company): \_\_\_\_\_

Company Contact? (Phone): \_\_\_\_\_ Supervisor (Name): \_\_\_\_\_

Will you be actively seeking work? ☐ Yes ☐ No If No, why? \_\_\_\_\_



## ***Oxford House Saskatchewan / Residency Application***

**Employment History** | Please fill out if you answered No to the previous question.

1. Previous Employer (Company): \_\_\_\_\_ Last Worked (M/D/Y): \_\_\_\_\_ Work Type: \_\_\_\_\_
2. Previous Employer (Company): \_\_\_\_\_ Last Worked (M/D/Y): \_\_\_\_\_ Work Type: \_\_\_\_\_

### **Financial Status**

Total net monthly income (after deductions): \_\_\_\_\_

Do you currently have financial resources to pay for Membership Dues of \$685/monthly? ☐ Yes ☐ No

Do you currently have the financial resources to pay for Food, Clothing and Transportation? ☐ Yes ☐ No

Do you have debts greater than \$1,000? ☐ Yes ☐ No

Did you make more than \$38,000 gross in the last tax year? ☐ Yes ☐ No

### **Financial Aid**

Do you currently receive or need financial assistance? ☐ Yes ☐ No

If Yes, from what organization have you applied? (or intend on applying):

☐ Social Services ☐ WCB ☐ Other (Specify): \_\_\_\_\_

Social Worker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you already received this month's cheque? ☐ Yes ☐ No

### **Agreement and Understanding**

I agree and understand that:

1. ☐ I must abide by the terms and conditions of sober living in OXFORD HOUSE SASKATCHEWAN.
2. ☐ OXFORD HOUSE SASKATCHEWAN is exempt from the Residential Tenancies Act, and tenant-landlord rights do not exist.
3. ☐ I will pay Membership dues and NOT rent.
4. ☐ I will provide all documents requested during the application process, including but not limited to, Probation Orders and assessment forms. Failure to provide the documents will mean that I will not be housed by Oxford House Saskatchewan.
5. ☐ OXFORD HOUSE SASKATCHEWAN may conduct both selected and random substance screening. The nature of Oxford Houses requires immediate release of a resident if they fail a drug test.
6. ☐ Any Member who tests positive for substance use, displays disruptive behavior or a pattern of nonpayment of monies owed to OXFORD HOUSE SASKATCHEWAN may be evicted without refund.
7. ☐ At the time of intake, I will be screened for substance use, failing the screen automatically means rejection from the Oxford House Saskatchewan program, and I will not be housed.



## ***Oxford House Saskatchewan / Residency Application***

8. ☐ At the time of intake, I will be required to sign the *Contract of Oxford House Residency* and waiver forms before admission into an OXFORD HOUSE SASKATCHEWAN House. (Providing misinformation or misleading information on these documents will be grounds for eviction after acceptance into OXFORD HOUSE SASKATCHEWAN.)
9. ☐ Membership fees and Sobriety Deposit will not be refunded if an eviction is necessary.
10. ☐ The Sobriety Deposit will be refunded within 30 days provided: two weeks' written notice is provided, all House items accounted for, and Housing Supervisor is present on Check-out day.

By signing below, I, \_\_\_\_\_ (PRINT NAME), agree to and understand the aforementioned items. I also understand that my application is not a guarantee of housing and does not constitute an agreement of membership between myself and Oxford House Saskatchewan. Further, I believe that the information I have provided to be as accurate and complete as possible.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date (M/D/Y)

### **Application Status and Information Release |** Please read and sign

By signing below, I agree, that Oxford House Saskatchewan can release information to my listed Emergency Contacts, Referring Agents, Support Agents, and/or appropriate Law Enforcement/Corrections personnel, regarding my residency/member/application status with Oxford House Saskatchewan. Any results stemming from the sharing of this information with said individuals or groups is not the responsibility of Oxford House Saskatchewan.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date (M/D/Y)

### **Referral Agency Verification:**

Agency representatives are responsible for oversight of the contents of this document.

"On behalf of the referral agency, I attest that after a review of this application, to best of my knowledge, the information contained within this document is accurate and complete."

\_\_\_\_\_  
Referral agency representative signature

\_\_\_\_\_  
Date (M/D/Y)



## Oxford House Saskatchewan / Residency Application

### Application Submissions

Fax: 1.866.725.8008

Email: [apply@oxfordhousesk.ca](mailto:apply@oxfordhousesk.ca)

### Application Inquiries

**306.570.5708 ext. 1**

**306.244.5708 ext. 1**

[apply@oxfordhousesk.ca](mailto:apply@oxfordhousesk.ca)

[info@oxfordhousesk.ca](mailto:info@oxfordhousesk.ca)

### Offices

1307D Ottawa Street  
Regina, SK, S4R 1P3

105-220 20<sup>th</sup> Street West  
Saskatoon, SK, S7M 0W9

Visit our website at: [www.oxfordhousesk.ca](http://www.oxfordhousesk.ca)

For OXFORD HOUSE SASKATCHEWAN office use only:

Received by: \_\_\_\_\_

Outreach Worker Assigned: \_\_\_\_\_

Date: \_\_\_\_\_

All information is voluntarily provided by the applicant, reviewed by the referral Agency representative, and treated as confidential by Oxford House Saskatchewan personnel.

**Have you provided all the documents that have been requested by Oxford House?** *(Some or all these documents may be required to be received by Oxford House Saskatchewan, **prior** to be admitted. Failing to do so could mean not being housed.)*

- ☐ Relapse/Treatment Plan
- ☐ Probation and/or Legal Documents
- ☐ List of Medications
- ☐ Oxford House Assessment Forms