



**Oxford House Society of Regina
Appendix I
House Member Handbook
Residency Application**

Application Date: _____

Agency Referral: _____

Agency Counsellor: _____

Interviewer: _____

Interview Date: _____

The following information is voluntarily provided by the applicant and will be treated as confidential by Oxford House Society of Regina (OHSR) personnel.

A. General Information - Last Name: _____ **First Name:** _____

Current Address: _____ **City/Town:** _____ **Prov.:** _____

Residence Phone: _____ **Work Phone:** _____ **Cellular:** _____

Health Region: _____ **Hospitalization #** _____ **Sex:** ___ M ___ F

Date of Birth - M/D/Yr.: ___/___/___ **Place of Birth:** _____ **Province:** _____

Marital Status: ___ Single ___ Married ___ Divorced **Children?:** ___ Yes ___ No

S.I.N.: _____ **Are you homeless?** ___ Yes ___ No **OR At risk?** ___ Yes ___ No

Previously lived in an Oxford House? ___ Yes ___ No ___ If so, where? _____

Any Special Needs? ___ Yes ___ No If Yes, specify: _____

B. Addictions Information:

Main addiction (One only): _____ Other: _____

Drug(s) used in the last year: _____, _____ Gambling addiction? ___ Yes ___ No

Longest time clean and sober (M/D/Yr.) – from _____ to _____ Date of last use: _____

C. Treatment and Medications

Provide most recent treatment centre information:

Treatment Centre Date of Treatment (M//Yr) Completed ? Present Medications?

_____ to _____ Yes/No _____

_____ to _____ Yes/No _____

Others? Briefly list: _____

D. Ethnicity – check all that apply:

Aboriginal Treaty Status Reserve Association _____
 Non-treaty Metis Caucasian African Asian Other

E. Legal Information

Present charges? (Specify): Yes No If Yes, what charges? _____

Past convictions? (Specify): _____

Upcoming court dates: _____ Parole? Yes No Probation? Yes No

If yes, assigned Officer’s Name: _____ Contact number: _____

Have you ever had sexually related charges brought against you? Yes No

If you are on Parole and/or Probation, provide documentation to OHSR Staff.

F. Employment History

Are you currently employed? Yes No If Yes, Employer: _____

If No, last full time job information – employer name, last date worked, nature of work:

Will you be actively seeking work? Yes No If not, why? _____

Total net monthly income (after deductions): _____

G. Financial Status

The following questions are asked to provide a benchmark for improvements in your financial status during your stay with Oxford House.

1. Do you currently have financial resources available to pay for Membership Fees, groceries, transportation, etc.? Yes No

2. Do you have debts greater than \$1000? Yes No

3. Did you make more than \$36,500 gross in the last tax year? Yes No

4. Do you currently receive or need financial assistance? Yes No

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

Social Services WCB Other (Specify): _____

b. Have you already received this month’s cheque? Yes No

c. Social Worker Name: _____ Phone: _____

H. Medical Information

Current medical conditions (recent injuries, surgery, etc.) if applicable:

Any history of communicable disease? ___ Yes ___ No If Yes, when and how treated?

Physician Name: _____ Phone: _____

I. Please provide two emergency contacts should the need arise:

	Name	Relationship	Address	Phone number(s)	
1.	_____	_____	_____	_____	residence
			_____	_____	work
			_____	_____	cellular
2.	_____	_____	_____	_____	residence
			_____	_____	work
			_____	_____	cellular

J. Agreement and Oath of Understanding

I have completed this application to the best of my knowledge and acknowledge any misinformation may result in its status in regard to eligibility and/or tenure in an OHSR House.

If I am accepted into and Oxford House:

- 1. I have received information outlining my responsibilities and obligations as an Oxford House Member, and I agree to the terms and conditions including the waiver of any tenant-landlord rights I might have with respect to residency in an OHSR House. I understand I will pay Membership fees and NOT rent.**
- 2. I understand that I must fully subject myself to the rules of Oxford House.**
- 3. I understand that Membership fees and Sobriety Deposits will not be refunded if an individual is required to leave.**
- 4. If a Member leaves voluntarily as a Member in Good Standing, the Sobriety Deposit will be refunded within 30 days of departure. Two weeks' written notice is necessary and all conditions of the departure must be lifted.**
- 5. Oxford House may conduct both selected and random drug testing. The nature of Oxford Houses requires immediate eviction of a resident if he (or she) fails a drug test. Any Member who tests positive for use of alcohol or drugs, displays disruptive behavior or a pattern of nonpayment of monies owed to OHSR may be evicted.**

I, _____ (PRINT NAME), understand and agree that within 72 hours of leaving an OHSR House, voluntarily or otherwise, I am responsible for the removal of all personal belongings.

If any possessions remain on OHSR property longer than thirty (30) days, they will be removed and either given to charity or disposed.

I understand that if I am successfully screened by the Outreach Worker and accepted by my fellow House Members, I will be required to sign the *Contract of Oxford House Residency* before admission into an OHSR House, and that to provide misinformation or misleading information on this document will be grounds for eviction from OHSR.

(Applicant signature)

(Date)

K. Referral agency verification:

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)

For office use only:

Received by _____
(Outreach Worker)

(Date)

Please note: Incomplete Applications may be returned or may result in delays in processing. We prefer to receive both Agency Referral and Residency Application through the same transmission.

Please forward to: Fax: 1 (866) 725-8008 OR Email: OW1@oxfordhousesk.ca
Outreach Worker - (306) 570-5709
Office - # A – 1307 Ottawa St. Regina, SK S4R 1P3
Ph: (306) 570-5708 Toll-Free Fax: 1 (866) 725-8008 Email: ed@oxfordhousesk.ca
Visit our website at: www.oxfordhousesk.ca

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