



**Oxford House Saskatchewan  
Pre-Admissions Referral Form  
For Use by Referral Agencies**

**Regina Location**

Date: \_\_\_\_\_, 202 \_\_\_\_

Agency Name Referral: \_\_\_\_\_ Counsellor (please print): \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Counsellor Signature: \_\_\_\_\_

The following information provided by the participating referral agency on behalf of the applicant will be treated as confidential by Oxford House Saskatchewan (OHS) personnel.

**A. General Information:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Homeless? **Circle ONE:** Yes No **OR** At risk of homelessness? Yes No

Special needs/difficulties? (Circle as required.) Reading; learning; physical limitations; other - \_\_\_\_\_

**B. Addictions Information:**

Main addiction: \_\_\_\_\_ Others: \_\_\_\_\_

**C. Treatment/Medications:**

1. Dates of addiction treatment plan (MM/DD/YR): \_\_\_\_\_/\_\_\_\_\_/202\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/202\_\_\_\_

2. Completed Treatment? Circle ONE: Yes No **OR** Still in treatment? \_\_\_\_\_% complete

3. Current Medications: \_\_\_\_\_

D. Statement of support for applicant:

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**Please Note:** A. Methadone is on OHS Prohibited Drug List. No exceptions.

B. Incomplete applications may result in delays. Remit this Referral with Application.

Please forward to: Fax: 1 (866) 725-8008 **OR** Email: [OW1@oxfordhousesk.ca](mailto:OW1@oxfordhousesk.ca)

For further information: Outreach Worker – Cell (306) 570-5709

Office - # A – 1307 Ottawa St. Regina, SK S4R 1P3

Phone: (306) 570-5708 Email: [ow1@oxfordhousesk.ca](mailto:ow1@oxfordhousesk.ca)

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