

**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



# Oxford House Saskatchewan | Residency Application

## 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 | Optional

Indigenous? (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:

- I must abide by the terms and conditions of sober living in OXFORD HOUSE SASKATCHEWAN.
- OXFORD HOUSE SASKATCHEWAN is exempt from the Residential Tenancies Act, and tenant-landlord rights do not exist.
- I will pay Membership dues and NOT rent.
- 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.
- 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.
- 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.
- 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

### 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