

**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 (i.e. a sponsor) who has known the individual and can verify the individual has been sober for a sustained time.

**Criteria of eligibility**

1. Houseless or at-risk of becoming unhoused.
2. Not actively using substances and committed to maintaining sobriety.
3. All applicants will have completed a minimum 28-day inpatient treatment program in the past 12 months. Equivalent outpatient treatment may be an option; please inquire before applying.
4. Individuals currently taking Methadone **are not eligible** to become Oxford House Saskatchewan 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. Able 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. Individuals with sexually related convictions within the last 15 years are considered ineligible.

**Referral Information (Required – Application missing this information will not be accepted)**

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

Referring Agent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Preferred Oxford House Saskatchewan location:****Personal Information**

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

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

Phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you have a SK Health Card? Yes, I will provide the number No, I have yet to apply for my health card

Health Card Number: \_\_\_\_\_

Social Insurance Number (optional): \_\_\_\_\_

Date of birth (MM, DD, YYYY): \_\_\_\_\_

Sex assigned at birth: \_\_\_\_\_ Gender identity: \_\_\_\_\_

Pronouns (i.e. he/she/they/it/ze, etc.): \_\_\_\_\_

Any special needs? If yes, please explain: \_\_\_\_\_

Have you previously lived with Oxford House Saskatchewan? If yes, where? \_\_\_\_\_

What is your marital status?

**Emergency Contact Information**

Primary contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Houselessness Status Check** \*\*required for eligibility purposes\*\*

Are you currently unhoused\*?

Are you currently at risk of being unhoused\*?

Is there anything else we should know about your housing situation? (*optional*):

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**Addictions Information**

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

Substances used in the last year: \_\_\_\_\_

Longest time sober (MM, DD, YYYY): \_\_\_\_\_ to \_\_\_\_\_

Reason for last relapse: \_\_\_\_\_

Date of last use (MM, DD, YYYY): \_\_\_\_\_

Any non-substance related addictions (i.e. gambling, gaming, sex, etc.)? If so, please list:

\_\_\_\_\_

**Treatment Information** – Please provide the **most recent** treatment centre information; reminder treatment must be complete within the past 12 months!

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

Date started and completed (MM, DD, YYYY): \_\_\_\_\_ to \_\_\_\_\_ Treatment

History (if any): \_\_\_\_\_

\_\_\_\_\_

**Medical Information**List any current medical conditions if applicable: \_\_\_\_\_

Name of primary doctor: \_\_\_\_\_

Doctor's phone number: \_\_\_\_\_

Current medications taken (List All) \*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Demographics** Select all the apply (optional)

Do you identify as Indigenous? \_\_\_\_\_ or any of these these population groups?

Are you status?

If so, what is your Treaty Number? \_\_\_\_\_

Location of home reserve? \_\_\_\_\_

Citizen status: \_\_\_\_\_ Birth Country: \_\_\_\_\_

**Legal Information**

Do you have any current charges? If yes, please list them: \_\_\_\_\_

Upcoming court dates: \_\_\_\_\_

Are you on parole? Are you on probation?

If yes, what is your assigned officer's name and phone number? \_\_\_\_\_

Past convictions: \_\_\_\_\_

Have you ever had sexually related charges brought against you?

**Employment**

Are you currently employed?

If yes, who is your employer? \_\_\_\_\_

What is your job title? \_\_\_\_\_

Will you be actively seeking work?

If no, why? \_\_\_\_\_

**Employment History**

Previous employer: \_\_\_\_\_ Job title: \_\_\_\_\_

Last worked (MM, DD, YYYY): \_\_\_\_\_

**Financial Status**

Total monthly income: \_\_\_\_\_

Do you currently have financial resources to pay for membership dues of \$785/monthly?

Do you currently have the financial resources to pay for food, clothing and transportation?

Do you have debts greater than \$10,000?

Did you make more than the Saskatchewan Household Income Maximums (SHIMs) last year –

Currently, \$43,500?

**Financial Aid**

Do you currently receive financial assistance?

Do you need financial assistance?

If you currently receive financial assistance or have applied, from what organization have you applied (i.e. Social Services, WCB, Band Funding): \_\_\_\_\_

Have you already received this month's cheque?

**Agreement and understanding** – please initial beside each number to indicate understanding.

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 House required immediate release of a resident if they test positive on a substance screen. \_\_\_\_\_
6. Any member who tests positive for substance use, displays disruptive behaviour 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. \_\_\_\_\_
8. At the time of intake, I will be required to sign the *Oxford House Residency Agreement* and waiver forms before admission into an Oxford House Saskatchewan House. \*Providing misinformation or misleading information on these documents will be grounds for an eviction after acceptance into Oxford House Saskatchewan) \_\_\_\_\_

By signing here, 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 (MM, DD, YYYY)

**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 (MM, DD, YYYY)

**Referral Agency Verification**

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

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

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

\_\_\_\_\_  
Date (MM, DD, YYYY)

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**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)

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