



**Oxford House Saskatchewan  
Appendix I  
House Member Handbook  
Residency Application**

**Regina Location**

**Application Date:** \_\_\_\_\_, \_\_\_\_\_, 202 \_\_\_\_ **Interview Date:** \_\_\_\_\_, \_\_\_\_\_, 202 \_\_\_\_

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

The following information is voluntarily provided by the applicant, reviewed by the referral Agency representative and will be treated as confidential by Oxford House Saskatchewan (OHS) personnel.

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

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

**Residence Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cellular:** \_\_\_\_\_

**Health Region:** \_\_\_\_\_ **Hospitalization #** \_\_\_\_\_ **Sex (circle one):** M F Other

**Date of Birth - M/D/Yr.:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **Province:** \_\_\_\_

**Marital Status (circle one):** Single Married Divorced **Children? (circle one):** Yes No

**S.I.N.:** \_\_\_\_\_ **Are you homeless (circle one):** Yes No **OR** **At risk?** Yes No

Previously lived in an Oxford House? (circle one): Yes No If so, where? \_\_\_\_\_

Any Special Needs? (circle one): Yes No If Yes, specify: \_\_\_\_\_

**B. Addictions Information:**

Main addiction (One only): \_\_\_\_\_ Other: \_\_\_\_\_

Drug(s) used in the last year: \_\_\_\_\_, \_\_\_\_\_ Gambling addiction? (circle one): 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 – circle all that apply:**

Aboriginal Treaty Status - Reserve Association (name): \_\_\_\_\_

Non-treaty Metis Caucasian African Asian Other (name): \_\_\_\_\_

**E. Legal Information**

Present charges? (circle one): Yes No If Yes, what charges? \_\_\_\_\_

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

Upcoming court dates: \_\_\_\_\_ Parole? (circle one): Yes No Probation? (circle one): Yes No

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

Have you ever had sexually related charges brought against you? (circle one): Yes No

If you are on Parole and/or Probation, you must provide documentation prior to entry.

**F. Employment History**

Are you currently employed? (circle one): 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? (circle one): Yes No If no, 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. Circle One:

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 \$1,000? Yes No

3. Did you make more than \$37,500 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)? Circle one:

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

b. Have you already received this month's cheque? (circle one): Yes No

c. Social Worker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**H. Medical Information**

List current medical conditions if applicable (recent injuries, surgery, etc.) OR Not Applicable (N/A):

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Any history of communicable disease? (circle one):    Yes    No    If Yes, when and how treated?

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

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

	<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone number(s)</b>	
<b>1.</b>	_____	_____	_____	_____	<b>residence</b>
			_____	_____	<b>work</b>
			_____	_____	<b>cellular</b>
<b>2.</b>	_____	_____	_____	_____	<b>residence</b>
			_____	_____	<b>work</b>
			_____	_____	<b>cellular</b>

**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 regarding eligibility and/or tenure in an OHS House.**

**If I am accepted into an Oxford House and after receiving information outlining my responsibilities and obligations as an Oxford House Member:**

- 1. I will acknowledge I understand the terms and conditions including the waiver of any tenant-landlord rights I might have with respect to residency in an OHS 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 Deposit 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 OHS may be evicted without any refund.**

I, \_\_\_\_\_ (PRINT NAME), understand that upon leaving OHS property, voluntarily or otherwise, I am responsible for the collection of all personal belongings. Any possessions remaining longer than thirty (30) days may be donated to charity and/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* and waiver forms before admission into an OHS House, and that to provide misinformation or misleading information on these documents will be grounds for eviction.

\_\_\_\_\_

(Applicant signature)

\_\_\_\_\_

(Date)

**K. 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)

For OHS 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 faxed together.

Please forward to: Toll-free Fax: 1 (866) 725-8008

Questions? Call Outreach Worker - (306) 570-5709 or email: [OW1@oxfordhousesk.ca](mailto:OW1@oxfordhousesk.ca)

Our office is located at: # A – 1307 Ottawa St. Regina, SK S4R 1P3

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

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

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