



Housing Application – Please fax to 403-214-2047 or email to [support@oxfordhouse.ca](mailto:support@oxfordhouse.ca)

I am applying for a Pre-Treatment home (Calgary)

I am apply for a home in\*  Calgary  Edmonton  Drumheller

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

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

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

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

Birthdate: \_\_\_\_\_

Albert Healthcare # \_\_\_\_\_

Gender:  Male  Female

Are you Aboriginal Yes/ No Are you Metis? Yes/ No

Are you homeless? \_\_\_\_\_

What is your main addiction and have you ever utilized the services of a safe consumption (injection) site?

\_\_\_\_\_

What else are you addicted to? \_\_\_\_\_

What drugs have you used in the past year? \_\_\_\_\_

Do you have a gambling addiction? \_\_\_\_\_

Last date gambled: \_\_\_\_\_

List any treatment you have had in the past or are taking now for your addiction. \*Please include name, date of treatment and reason for leaving:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the longest time you have been sober? From \_\_\_\_\_ to \_\_\_\_\_

Date of last drink: \_\_\_\_\_ Date of last drug: \_\_\_\_\_

What recovery meetings will you attend each week?

AA  NA  CA  GA  SMART  AFTERCARE

List all medications you are taking, including prescribed and non-prescribed\* Please provide the medication, dosage, reason prescribed and date of prescription:

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Do you have any special needs that we should be aware of? (In need of pre-treatment housing, learning disabilities, difficulty with reading or writing, hearing difficulties, difficulties with stairs, etc):

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Are you employed? \_\_\_\_\_ Employer's Name: \_\_\_\_\_

If not, what is the date of your last full-time job? \_\_\_\_\_

Will you be actively looking for work? \_\_\_\_\_

Explain:

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**Current financial assistance:**

Social Services  E.I  W.C.B.  A.I.S.H  OTHER: \_\_\_\_\_

If you're receiving social assistance, have you received a cheque for this month? \_\_\_\_\_ If you're not receiving social assistance, please indicate NA in the following fields:

Total net monthly income: \$ \_\_\_\_\_

Social Services Worker: \_\_\_\_\_

Social Services Worker Phone: \_\_\_\_\_

**Legal Status:**

Past or Present Convictions, court dates, etc.

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Sex related crimes? Yes No Explain if yes.

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Parole or Probation Officer's

Name \_\_\_\_\_ and Phone # \_\_\_\_\_

Have you lived in an Oxford House before? \_\_\_\_\_ if yes, which Oxford House? \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Number: \_\_\_\_\_

What is your relation to them? \_\_\_\_\_

**Current Medical Condition (Recent injuries, surgery etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's name and phone: \_\_\_\_\_

Any history and/or contact with any communicable diseases? \_\_\_\_\_ if yes explain:

\_\_\_\_\_  
\_\_\_\_\_

Did an agency refer you? If so, please indicate which agency? \_\_\_\_\_

By submitting your application, you agree that you have read and understand that if accepted into an Oxford House, you agree to the terms of the Oxford House Rules & Regulations and the Contract of Oxford House Residency. A two-week notice is required when you move from Oxford House. Oxford House will conduct random drug testing. The nature of Oxford House requires immediate eviction of a resident member who is using alcohol or drugs including abuse of prescription drugs. Any member suspected of using alcohol or drugs, displaying disruptive behaviour, or nonpayment of monies can be evicted by a majority vote of the house membership, or by Support Worker. You agree that within 72 hours of leaving a residence, voluntarily or otherwise, you will remove your personal belongings.

I understand that I am required to sign the Oxford House Rules & Regulations and the Contract of Oxford House Residency prior to moving into an Oxford House. I also understand that any false answer on any of the above items is grounds for eviction from Oxford House and I consent to the release of any confidential information regarding my personal history, medical history, treatment, and/or any information deemed necessary by the Oxford House Foundation of Canada.

This authorization and request is intended confidential for the specific purposes of the Oxford House Foundation of Canada only.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_