



Housing Application – Please fax to 403-214-2047 or email to 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:

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):

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:

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.

Sex related crimes? Yes No Explain if yes.

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. Rent will not be refunded if an individual is required to leave. 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.

The security deposit will not be refunded if the resident is evicted for the above clause.

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: _____