

## APPLICATION FOR HOUSE MEMBERSHIP

Mail to: ATTN: Tom Waldron, 1120 Main Street, Springfield, MA 01103 or FAX to: (413) 731-8643

I hereby apply for membership in the Oxford House named below and I provide the following information for use by house members and the Massachusetts Sober Housing Corporation in determining my eligibility and appropriateness for membership. **Answer all questions that apply. Type or print all information. Use additional sheet if necessary.**

Name of house: Oxford House - Bay Street

Name: \_\_\_\_\_  
(last) (first) (middle)

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female Social Security No. \_\_\_\_\_-\_\_\_\_-

Are you currently homeless/without a permanent place to live?  Yes  No

Current Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Telephone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell/Page \_\_\_\_\_

Are you a recovering:  alcoholic  drug addict? Your sobriety date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you have been in substance abuse treatment, either in-patient or out-patient within the last three years, give the name of each program (i.e. detox, treatment center, halfway house), the dates you attended, and the reason for leaving.

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

Are you currently in a self-help recovery program, i.e. AA, NA?  Yes  No If "yes," state:

Name of program(s): \_\_\_\_\_ How many meetings do you attend per week? \_\_\_\_\_

Name, meeting day/night, and location of home group: \_\_\_\_\_

Do you have a sponsor?  Yes  No If "no," why not? \_\_\_\_\_

What is your current source of income?  Employment  Disability Payments of \$ \_\_\_\_\_ per month

Other (explain) \_\_\_\_\_

Employer's name/address/phone: \_\_\_\_\_

Job Description: \_\_\_\_\_ Weekly net income: \$ \_\_\_\_\_ How long there? \_\_\_\_\_

List sources and amounts of other weekly income: \_\_\_\_\_

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

(over)

What is your marital status?  Single  Married  Separated  Divorced

Have you ever been convicted of a felony?  Yes  No If "yes," please explain: \_\_\_\_\_

Do you take any prescription medication?  Yes  No If "yes," what medication(s)? \_\_\_\_\_

Are you participating in or about to enter a methadone or other drug replacement program?  Yes  No

List names and telephone numbers of two individuals who may be contacted in the event of an emergency:

1. \_\_\_\_\_  
(name) (telephone number) (relationship)

2. \_\_\_\_\_  
(name) (telephone number) (relationship)

Have you ever lived in an Oxford House or any other type of sober housing before?  Yes  No

If "yes" list the name and address, approximate dates of residence, and reason for leaving, below:

\_\_\_\_\_

(name and address of house)	(dates of residence)	(reason for leaving)

Name, address and phone number of your last landlord: \_\_\_\_\_

**IMPORTANT NOTICE:** The nature of Oxford House requires expulsion, without prior notice or refund of sobriety deposit, of any resident member who is found by a majority vote of the house membership to: 1) be using alcohol or drugs; or 2) be in default of payment of weekly house share of expenses; or 3) be guilty of disruptive behavior. A resident of an Oxford House is not a tenant of the Massachusetts Sober Housing Corporation but is a member of the sober community which is Oxford House. Such resident is NOT entitled to any of the rights or protections which a tenant would be entitled to under Massachusetts law.

I have read the above notice and understand that I am applying for membership in Oxford House as a member of a sober community and not as a tenant. I agree to abide by Oxford House principles and fully subject myself to the rules of this house, which rules may include periodic drug testing. I understand that I am subject to immediate expulsion from the house by a majority vote of the residents if any of the following occur: 1) I use alcohol or drugs (other than prescribed medication); 2) I fail to pay my weekly house share of expenses; 3) I engage in disruptive behavior. I understand that if I leave voluntarily and at least two weeks notice is given at a weekly house meeting, my sobriety deposit will be returned after deductions are made for any unpaid house expenses or fines for which I am responsible. If less than two weeks notice is given, or if I am expelled from the house for one of the reasons stated above, I understand that my sobriety deposit will be forfeited.

By signing below I certify that the information contained in this application is true, that I understand and accept the conditions set forth above for membership in this Oxford House, and that I agree to abide by said conditions should I be voted in as a resident of this house.

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

**TO BE COMPLETED AT HOUSE INTERVIEW:** The within application was reviewed with the applicant and he/she acknowledged the IMPORTANT NOTICE and requirements for membership in this Oxford House set forth above and agreed to abide by same.

Dated: \_\_\_\_\_ House President or Designee: \_\_\_\_\_