



OXFORD HOUSE - _____

NEW MEMBER PACKET

Name: _____ Date of Move-in: _____

CHECKLIST

Item	Member Initials	President Initials
Membership Application completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
House Manual provided and reviewed	<input type="checkbox"/>	<input type="checkbox"/>
House Guidelines provided and reviewed	<input type="checkbox"/>	<input type="checkbox"/>
Membership Agreement read and signed	<input type="checkbox"/>	<input type="checkbox"/>
Plan for Recovery completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
Relapse Contingency completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Release completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
Property list completed and signed	<input type="checkbox"/>	<input type="checkbox"/>

Member Signature: _____

Date: _____

President Signature: _____

Date: _____



OXFORD HOUSE - _____ MEMBERSHIP AGREEMENT

I, _____, as a member of this Oxford House, agree to abide by the Oxford House Model and System of Operations, the Lease, and the guidelines for this House. I understand that if the House determines I have had a recurrence of use, I will be expelled from the house, effective immediately. A recurrence of use will be determined by a majority vote of the House members. A urinalysis/breath analyzer is not required, although refusal to submit to one, if asked by the House or Chapter, will be considered an admission of a recurrence of use. Absence from the house for longer than three days that is not pre-arranged may be considered a recurrence of use, and if done so, the house may vote that a recurrence of use has occurred and expel me in my absence. I understand that otherwise, I have a right to be present at any house meeting addressing my possible recurrence of use and I have the right to participate in the vote.

I understand that criminal activity, physical violence, threats of physical violence, allowing a guest in the house who is under the influence of drugs or alcohol, and failure to bring a house member's recurrence of use to the attention of the house will cause me to be expelled for disruptive behavior effective immediately. I understand that if I am placed on a disruptive behavior contract (including for non-payment of Equal Expense Share (EES)) and violate the terms of that contract, I may be expelled for disruptive behavior effective immediately.

In case of expulsion, or if I move out without notice, any unused portion of my EES will be returned to me as soon as is reasonably possible, but no later than 30 days of my departure. If any portion of my EES has been paid by a third party, I understand that the unused EES will be returned to that organization or individual.

I also agree to the following terms as to the disposition of my personal belongings if I am expelled or voluntarily move out of the house without removing my possessions.

1. I am expected to remove my property from the house within 72 hours. During this time the House will not do anything with my property except in case of emergency. If unable, I may authorize a third party to remove my belongings. A signed, written authorization must be given to the house membership prior to a third-party taking possession of my property.
2. After 72 hours, the House members will pack up and store my belongings up to 30 days from my departure.
3. If I have not removed my property within 30 days or made other arrangements satisfactory to the majority of the House membership, my possessions will be disposed of and/or donated to a charitable organization.

I understand and accept the above procedures as a guideline of this Oxford House.

House Member Name

House Member Signature

Date

House President Name

House President Signature

Date

I realize that the Oxford House in which I reside has been established in compliance with the conditions of § 2036 of the Federal Anti-Drug Abuse Act of 1988, P.L. 100-690, as amended, which provides that federal money loaned to start the house requires the house residents to

- A. Prohibit all residents from using any alcohol or illegal drugs,
- B. Expel any resident who violates such prohibition,
- C. Equally share household expenses including the monthly lease payment, among all residents, and
- D. Utilize democratic decision making within the group including inclusion in and expulsion from the group.

In accepting these terms, the member excludes himself or herself from the normal due process afforded by local landlord-tenant laws.



OXFORD HOUSE - _____

PLAN FOR RECOVERY

Name _____

Date _____

My plan for recovery:

If enrolled in an aftercare/court program, my attendance includes:

I do have a sponsor/mentor.

I do not have a sponsor/mentor. I plan to have one by date: _____

I plan to attend _____ recovery meetings per week.

The type of meetings I will attend: _____

I understand if I have a drug use recurrence (including alcohol), I will be immediately expelled from this Oxford House.

Signature _____

Date _____

President _____

Date _____

RELAPSE CONTINGENCY PLAN

I, (print name) _____ understand that per the Oxford House Charter, if I have a recurrence of use I will be immediately expelled from this Oxford House.
 If this should happen, I would like the following actions to be taken:

Check all that apply

Places I can go: Family Friend Detox / Treatment Other

Describe details: including names, phone numbers, and addresses:

People to Notify:

Name	Phone Number	Relationship

I understand I have 30 days to remove all of my personal belongings from this Oxford House and that any items left behind after 30 days will be thrown away or donated to a local charitable organization.

I understand that 72 hours after being expelled, any of my personal items I have not removed from the property will be safely removed from the bedroom and relocated to a storage area.

If I am unable to remove my personal belongings from this Oxford House,
 I give the following people permission to remove them for me:

Name	Phone Number	Relationship

Member Signature: _____

Date: _____

President Signature: _____

Date: _____

Witness Signature: _____

Date: _____



OXFORD HOUSE - _____ EMERGENCY MEDICAL INFORMATION RELEASE FORM

Name _____ D.O.B. _____ Blood Type _____

Physician Name _____ Physician Phone _____

Hospital or Clinic _____

Insurance Info _____

Allergies _____

Medications _____

Medical History _____

Emergency Contacts

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I hereby give consent for emergency medical treatment

Signature _____ Date _____

