

## APPLICATION FOR HOUSE MEMBERSHIP

Mail to: ATTN: Frank Collins, P.O. Box 713, Manomet, MA 02345 or FAX to: (508) 224-1679

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:(las	t)	(first)		(middle)	
Date of birth://	Sex:   Male	e □ Female	Social Security No		_ <del>-</del>
Are you currently homeless/wi	thout a permanent p	place to live?	□ Yes □ No		
Current Address:					
	(street)		(city)	(state)	(zip)
Telephone numbers: Home _		Work	Cell/F	Page	
Are you a recovering: □ a	lcoholic □ drug	addict?	Your sobriety date: _	1	1
of each program (i.e. detox, tre	eatment center, half	way house), th	ne dates you attended, ar	nd the reason f	or leaving.
Are you currently in a calf bala		i o AA NA2	□ Voc. □ No.	If "yoo" otot	•
Are you currently in a self-help				-	
Name of program(s):		How ma	any meetings do you atte	end per week?	
		How ma	any meetings do you atte	end per week?	
Name of program(s):Name, meeting day/night, and	location of home gr	oup:	any meetings do you atte	end per week?	
Name of program(s):  Name, meeting day/night, and  Do you have a sponsor?	location of home gr □ Yes □ No	How many How	any meetings do you atte	end per week?	
Name of program(s):  Name, meeting day/night, and  Do you have a sponsor?   What is your current source of	location of home gr ☐ Yes ☐ No ☐ income? ☐ Emp	How many How many How many House Hou	any meetings do you atte	end per week?	
Name of program(s):  Name, meeting day/night, and  Do you have a sponsor?   What is your current source of  Other (explain)	location of home gr ☐ Yes ☐ No ☐ income? ☐ Emp	How many many many many many many many many	any meetings do you atte	end per week?	
Name of program(s):  Name, meeting day/night, and  Do you have a sponsor?   What is your current source of  Other (explain)  Employer's name/address/pho	location of home gray Yes No Eincome? Emp	How many depth of the many dep	any meetings do you atte	end per week?	per month
Name of program(s):  Name, meeting day/night, and  Do you have a sponsor?   What is your current source of  Other (explain)	location of home gray Yes No income? Emp	How many many many many many many many many	any meetings do you atte	end per week?	per month

What is your marital status? ☐ S	ngle □ Married □ Separated □ Divorced
Have you ever been convicted of a fe	ony? ☐ Yes ☐ No If "yes," please explain:
Do you take any prescription medicati	on? □ Yes □ No If "yes," what medication(s)?
Are you participating in or about to en	er 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)
	e or any other type of sober housing before? ☐ Yes ☐ No roximate 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:
sobriety deposit, of any residen 1) be using alcohol or drugs; o be guilty of disruptive behavior Sober Housing Corporation but	e of Oxford House requires expulsion, without prior notice or refund of member who is found by a majority vote of the house membership to: 2) be in default of payment of weekly house share of expenses; or 3) A resident of an Oxford House is not a tenant of the Massachusetts is a member of the sober community which is Oxford House. Such of the rights or protections which a tenant would be entitled to under
community and not as a tenant. I agriculture house, which rules may include period house by a majority vote of the reside medication); 2) I fail to pay my weekly leave voluntarily and at least two wee after deductions are made for any unparticular tenant.	rstand that I am applying for membership in Oxford House as a member of a sober e to abide by Oxford House principles and fully subject myself to the rules of this ic drug testing. I understand that I am subject to immediate expulsion from the ats if any of the following occur: 1) I use alcohol or drugs (other than prescribed house share of expenses; 3) I engage in disruptive behavior. I understand that if I is notice is given at a weekly house meeting, my sobriety deposit will be returned aid house expenses or fines for which I am responsible. If less than two weeks the house for one of the reasons stated above, I understand that my sobriety
	mation contained in this application is true, that I understand and accept the ship in this Oxford House, and that I agree to abide by said conditions should I be
Dated:	Signature:
	<b>ERVIEW:</b> The within application was reviewed with the applicant and he/she CE and requirements for membership in this Oxford House set forth above and
Dated:	House President or Designee

## Agency Verification of Homelessness

Date:			
To: Massachusetts Sober Housing Corporation			
RE: Prospective resident of Oxford House – Wes	stwood Road (Plymout	h)	
Mr. (Client Name)	stayed in (.	<b>A)</b> our transitional	
housing/treatment/recovery program from went into a more structured program.	to	when he	graduated OR
Before coming to our program/facility, he was a gues from:			etc.) ( <b>B</b> )
Prior to these transitional programs (A and/or B) he (i.e., parks, abandoned buildings and places not fit fo	_		
about months.	i numan naonation), and	nas occii known to o	ur program/racmity for
Please contact me if I may be of further assistance at:	:( )	·	
Sincerely,			
Counselor/Staff person			

This "AGENCY VERIFICATION OF HOMELESSNESS FORM" <u>AND</u> the "HOMELESS/CHRONIC HOMELESS VERIFICATION FORM" <u>MUST</u> be filed with each Oxford House – Westwood Road, **APPLICATION** and be available for review by the U.S. Department of Housing and Urban Development and Massachusetts Sober Housing Corporation.

<u>HOMELESS/CHRONIC HOMELESS VERIFICATION FORM</u>
For use in the HUD McKinney/Vento Supportive Housing Program (SHP)

Client Name	has been determined and verified as
homeless/chr	onically homeless according to the following criteria (check all that apply):
	A. A "chronically homeless" person is an unaccompanied disabled individual who has been continuously homeless for over one year. Please attach a signed and dated letter verifying collateral contacts with other agencies, on the agency's letterhead, the address used for public assistance checks, or a signed statement by the client.
	B. A "Chronically homeless" person is an unaccompanied disabled individual who has been homeless four or more times in the past three years. Please attach a signed and dated letter verifying collateral contacts with other agencies, on the agency's letterhead, the address used for public assistance checks, or a signed statement by the client.
	C. Living on the streets, in a car, or other inappropriate place (i.e., parks, abandoned buildings and places not fit for human habitation)  Please attach a signed and dated letter verifying collateral contacts with other agencies, on the agency's letterhead, the address used for public assistance checks, or a signed statement by the client.
	D. Living in a shelter or in a residence that is part of an established shelter system Please attach a signed and dated letter, <b>on the institution's letterhead</b> , from a shelter staff person or from a social service agency that verifies the stay in the shelter or in the shelter system residence.
	E. Living in transitional housing <i>Please attach a signed and dated letter from the transitional provider</i> , <b>on the institution's letterhead</b> , verifying the client's homeless status (see (A) and/or (B) above) prior to transitional housing.
	F. At immediate risk of homelessness If from an institution, please attach a signed and dated letter, on the institution's letterhead, verifying: a length of stay over 30 consecutive days, a discharge date within the week, and unsuccessful attempts to secure other housing. If due to a pending "court-ordered" eviction, please attach a signed and dated letter verifying the eviction proceedings (with an eviction imminent within the week) and unsuccessful attempts to secure other housing.
	<b>ND the appropriate verification</b> must be filed in each case record/house application and be possible HUD review.
	finition <u>excludes</u> individuals "doubled-up" with other households, and makes them ineligible under HUD's major homelessness assistance programs.
Name of staff chronic home	f verifying homelessness/ Date elessness