

TABLE OF CONTENTS

SECRETARY

MEETING MINUTES	1
WELCOME PACKET, RULES & FINE SHEET BEHAVIOR CONTRACT	2
EMBEZZLEMENT PREVENTION CHECKLIST HOUSE OFFICER RESPONSIBILITIES	3
NEW MEMBER CONTRACT & INFO BOUNDARIES & INSIGHTS FOR NEW MEMBERS	4
DISRUPTIVE BEHAVIOR, DEFINITION OF RELAPSE, EXPULSION GUIDELINES	5
SIGNS OF A SICK HOUSE, CHECK-UP, CORRECTING FINANCIAL DIFFICULTIES	6
HOUSING SERVICES, BORROWING MONEY DRUG TESTING INFO	7
SUGGESTED INTERVIEW QUESTIONS O.H. FREQUENTLY ASKED QUESTIONS	8
MONTHLY HOUSE REPORT MONTHLY FINANCIAL AUDIT	9
HOUSE BANK ACCOUNT & CHANGING SIGNORS ARTICLES OF ASSOCIATION	10
H&I PRESENTATIONS, FUNDRAISING, STATE PAMPHLET, GUIDELINE FOR AN OPEN HOUSE	11
SIGNING A NEW LEASE OPENING A NEW HOUSE	12
501(C) DONATIONS TO HOUSES/CHAPTERS MONTHLY DONATION TO OXFORD HOUSE, INC.	13
WORLD COUNCIL RESOLUTIONS HOUSE MANUAL & CHAPTER MANUAL	14
APPLICATIONS MED & PRESCRIPTION FORMS	15

Oxford House Meeting Minutes

1. Name of Oxford House:		2. Date of This Meeting	
3. Purpose of Meeting <input type="checkbox"/> Regular Business <input type="checkbox"/> Vote in New Members <input type="checkbox"/> Expulsion		4. Meeting No.	5. Meeting Start Time
6. Members (list) <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Present <input type="checkbox"/> Absent		
1. _____	2. _____		
<input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Present <input type="checkbox"/> Absent		
3. _____	4. _____		
<input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Present <input type="checkbox"/> Absent		
5. _____	6. _____		
<input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Present <input type="checkbox"/> Absent		
7. _____	8. _____		
<input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Present <input type="checkbox"/> Absent		
9. _____	10. _____		
<input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Present <input type="checkbox"/> Absent		
11. _____	12. _____		
<input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Present <input type="checkbox"/> Absent		
13. _____	14. _____		
7. Secretary's Report: Minutes of last meeting read and the following action was taken:			
<input type="checkbox"/> Approved as read			
<input type="checkbox"/> Changed as Follows:			
8. Treasurer's Report:		9. Comptroller's Report: List of Members by amount owed to house. Note amount due by name and action taken by the house in extending credit.	
BEGINNING BAL: \$ _____			
MONEY RECEIVED: \$ _____			
EXPENDITURES: \$ _____			
ENDING BALANCE: \$ _____			
BILLS TO BE PAID:			
TOTAL BILLS TO BE PAID \$ _____			

Oxford House World Services, 1010 Wayne Avenue, Suite 400, Silver Spring, MD 20910

Telephone (301) 587-2916 • Facsimile (301) 589-0302

Attach Weekly Financial Report

10. Coordinator's Report The Coordinator discusses the condition of the House and any problems that exist in getting clean-up details organized and completed. House safety, such as fire extinguishers, testing smoke detectors and checking that exits are not blocked is the Coordinator's responsibility and should be discussed at every meeting. Chore assignments not completed are considered by full house and fines for failure complete a chore may be voted.

11. Old Business: (List item and action taken)

12. New Business

TAKE TIME FOR MEMBER SHARING & CHECK IN

13. Obtain the new address and telephone number for any resident who has moved out of the house on good terms. If your house is part of a Chapter provide the information to the Chapter at the next Chapter meeting so that the Chapter can forward the information to Oxford House World Services. If not part of a Chapter, the house should send the names and addresses of successful graduates to Oxford House World Services once a month. Tradition Nine encourages us to keep our family especially when we move out of an Oxford House clean and sober.

14. Time Meeting Adjourned:

15. Signature of Secretary

16. Remember when you have a vacancy hold a special meeting to consider any one applying for membership in the house. Recovery requires a prompt response.

17. Date:

Application For Membership In Oxford House

To be accepted in an Oxford House an applicant must complete both sides of this application and be interviewed by the residents of the particular Oxford House to which the applicant is applying. The residents of the house then vote on acceptance. An 80% affirmative vote is needed to be accepted. Carefully read the application and honestly answer the questions. Living in an Oxford House is special and if you understand its value it can help you achieve comfortable sobriety without relapse.

1. Print Name (Last, First, Middle)			3. Date of Birth		
			Month	Day	Year
2. Present address (Street) Check if treatment facility <input type="checkbox"/>			4. Phone Where You Can Be Reached		
			Home ()		
City	State	Zip	Work ()		
5. Are you an Alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Date of Your Last Drink?	9. List drugs you used addictively:		
7. Are you addicted to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Date of last drug use?			
10. When did you attend your first AA or NA meeting?			11. How many AA/NA meeting do you now attend each week?		
12. Do you want to stop drinking alcohol and using addictive drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			13. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" who is your employer?		
14. Are you getting welfare or other non-job related income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" what?			15. If you do not have a job will you get one? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" what job plans do you have?		
16. What is your <u>monthly</u> income right now? \$ _____			17. What do you expect your monthly income to be next month? \$ _____		
18. Marital status [Check One] <input type="checkbox"/> Married, <input type="checkbox"/> Never Married, <input type="checkbox"/> Separated, <input type="checkbox"/> Divorced			19. Do you have a medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the doctor's name and phone number:		
20. Have you ever been to a treatment facility for alcoholism and/or drug addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the treatment provider, phone number and primary counselor, if any.			21. Do you take prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list drugs and reason the drug has been prescribed.		
Please complete the other side of this application.					

22. Date of move in ? Immediately Other -- If "other" list the date you would want to move in, if accepted, and why the date is in the future rather than immediately. Date: _____ Reason: _____

23. Have you ever lived in an Oxford House before? Yes No If "yes," provide the name and location of the Oxford House below and answer question 24.

24. [Answer this question if the answer to question 23 was "yes."] I left the previous Oxford House for the following reason: [check one]

relapse, voluntarily, other reason(s) _____

I, did or do not owe money to the Oxford House I left. If I did owe money to the Oxford House I left, I will agree to repay the money I owed to my former Oxford House. Yes No

25. Emergency Telephone Numbers. [(List family doctor, if you have one, + two family members or friends)]

Name and Address	Relationship	Telephone
1-		
2-		
3-		

26. I realize that the Oxford House to which I am applying for residency 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 applicant excludes himself or herself from the normal due process afforded by local landlord-tenant laws. I agree to no notice of termination for eviction pursuant to Texas Property Code Title 8, Chap.91, Sec.91.001(e).

27. Use this space for additional relevant information: PROBATION/PAROLE?

IDENTIFICATION TYPE _____ I.D.# _____ SSN _____

28. I have read all of the material on this application form including the limitations set forth in item 26. I have also answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction without relapse.

SIGNATURE: _____

DATE: _____

FOR USE BY OXFORD HOUSE

ACCEPTED NOT ACCEPTED MOVE IN DATE _____ MOVE OUT DATE: _____

HOUSE KEYS RETURNED YES NO OUTSTANDING DEBT TO HOUSE \$ _____ DATE REPAID _____

MEDICATION REGISTRATION FORM FOR: _____

DATE REGISTERED WITH HOUSE

<i>MEDICATION:</i>	<i>DATE PRESCRIBED:</i>
<i>FREQUENCY TAKEN:</i>	<i>DOSAGE:</i>
<i>FOR THE TREATMENT OF:</i>	<i>QUANTITY GIVEN:</i>
<i>PRESCRIBING PHYSICIAN:</i>	<i>PHYSICIAN'S PHONE:</i>

DATE REGISTERED WITH HOUSE

<i>MEDICATION:</i>	<i>DATE PRESCRIBED:</i>
<i>FREQUENCY TAKEN:</i>	<i>DOSAGE:</i>
<i>FOR THE TREATMENT OF:</i>	<i>QUANTITY GIVEN:</i>
<i>PRESCRIBING PHYSICIAN:</i>	<i>PHYSICIAN'S PHONE:</i>

DATE REGISTERED WITH HOUSE

<i>MEDICATION:</i>	<i>DATE PRESCRIBED:</i>
<i>FREQUENCY TAKEN:</i>	<i>DOSAGE:</i>
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<i>PRESCRIBING PHYSICIAN:</i>	<i>PHYSICIAN'S PHONE:</i>

DATE REGISTERED WITH HOUSE

<i>MEDICATION:</i>	<i>DATE PRESCRIBED:</i>
<i>FREQUENCY TAKEN:</i>	<i>DOSAGE:</i>
<i>FOR THE TREATMENT OF:</i>	<i>QUANTITY GIVEN:</i>
<i>PRESCRIBING PHYSICIAN:</i>	<i>PHYSICIAN'S PHONE:</i>

Oxford House Emergency Medical Information Form

Name: _____ Age: _____

Date of birth: _____ Blood type: _____

Primary Physician: _____ Phone: _____

Hospital or clinic: _____

Insurance Provider: _____ Policy#: _____

Allergies: _____

Medical History (major surgeries, contracted diseases, hereditary health problems, etc.):

On-going medical conditions: _____

In case of medical emergency contact:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

All medications (current and future) must be registered with the house.

I hereby give my consent for emergency medical treatment:

Signature: _____ Date: _____