



APPLICATION FOR HOUSE MEMBERSHIP

Mail to: MSHC, P.O. Box 2230, Manomet, MA 02345-2230 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 of house: Oxford House-Hooper Street (Chelsea) NOTE: Male Veterans Only _____

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: _____

Branch of Service: _____ Dates of Service: _____ Type of Discharge _____

(over)

Agency Verification of Homelessness

Date: _____

To: Massachusetts Sober Housing Corporation

RE: Prospective resident of Oxford House – Hooper Street (Chelsea)

Mr. *(Client Name)* _____ stayed in **(A)** our transitional housing/treatment/recovery program from _____ to _____ when he ____ graduated OR ____ went into a more structured program.

Before coming to our program/facility, he was a guest/client of: (e.g., detox. TSS, holding facility, etc.) **(B)** _____ from: _____ to _____.

Prior to these transitional programs **(A and/or B)** he had been living on the streets, in a car, or in other inappropriate place (i.e., parks, abandoned buildings and places not fit for human habitation), and has been known to our program/facility for about _____ months.

Please contact me if I may be of further assistance at: () _____ - _____.

Sincerely,

Counselor/Staff person

This “**AGENCY VERIFICATION OF HOMELESSNESS FORM**” **AND** the “**HOMELESS/CHRONIC HOMELESS VERIFICATION FORM**” **MUST** be filed with each Oxford House – Hooper Street, **APPLICATION** and be available for review by the U.S. Department of Housing and Urban Development and Massachusetts Sober Housing Corporation.

HOMELESS/CHRONIC HOMELESS VERIFICATION FORM

For use in the HUD McKinney/Vento Supportive Housing Program (SHP)

Client Name _____ has been determined and verified as homeless/chronically 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, **on the institution's letterhead**, 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
Please attach a signed and dated letter from the transitional provider, **on the institution's letterhead**, 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.

This form AND the appropriate verification must be filed in each case record/house application and be available for possible HUD review.

N.B.: This definition excludes individuals "doubled-up" with other households, and makes them ineligible for assistance under HUD's major homelessness assistance programs.

Name of staff verifying homelessness/
chronic homelessness

Date