

Oxford House Kansas Re-Entry Questionnaire

Data		
Full Name	DOC Number	
Age	DOC Facility	
Sex	DOC Address	
Preferred Release City or County	DOC Counselor, CCO, or Contact	Phone

Questionnaire		
Are you an Alcoholic or an Addict?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drug(s) of choice		
What is the background of your current crime? Please explain in detail. Use another sheet of paper if necessary.		
Do you have any other legal issues, Court Dates, Warrants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, Please explain.		
Have you ever been arrested for any sex crime or Arson?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, Please explain.		
What is your plan for Recovery?		
Do you have a Sponsor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you currently do not have a Sponsor will you get one?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How many 12 Step meetings do you attend per week?		
How many 12 step meetings will you attend when released?		
What step are you on now?		
Have you identified your relapse triggers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what are they?		
Tell us what your behavior might be like when you are headed towards relapse		

How do you plan on paying your share of living expenses?		
<i>Please note that your EES needs to be paid before you show up at the house</i>		
How do you feel about sharing a bedroom/group living?		
How do you handle confrontation?		
Can you confront others in a constructive manner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How?		
Have you ever attended anger management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an anger problem?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain.		
Are you involved in a relationship?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, will they be visiting you on weekends or Holidays?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any medical problems or disorders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain.		
Do you take any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please list medication and what it is for.		
What do you feel you can contribute to Oxford House?		
What do you hope to achieve by living in an Oxford House?		
Any additional Info		