

## Oxford House Kansas Re-Entry Questionnaire

**\*Fill out all questions completely\***

<b>Application date: _____ Release date: _____ Date of last use: _____</b>		
Full Name	DOC Number Email address	
Age and date of birth	DOC or Treatment Facility Name	
Sex	DOC or Treatment Address	
Preferred Release City or County	Counselor, CCO, or Contact	Contact Phone number

<b>Questionnaire *Fill out all questions completely*</b>		
Are you an Alcoholic or an Addict? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		
List Drug(s) of choice		
What is your current background? Why are you applying for re-entry? (Use another sheet of paper if necessary)		
Do you have any legal issues, Court Dates, Warrants? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		
If Yes, Please explain.		
Have you ever been convicted of any sex crime or Arson? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		
If Yes, Please explain.		
What is your plan for getting to the house?	Do you have a support network?	
Do you have a Sponsor? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		
If you currently do not have a Sponsor will you get one? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		
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? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		
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 once accepted as a full member? What is your work background?		
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 available for a phone call if we need more information?	
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/mental 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 <u>ALL</u> medication and what they are for.		
What do you feel you can contribute to Oxford House?		
What do you hope to achieve by living in an Oxford House?		
What forms of identification do you have?		

**\*\*\*Please attach a one page letter explaining why you want to be considered for Kansas Oxford House Re-entry\*\*\***