



**Oxford House Saskatchewan
Pre-Admissions Referral Form
For Use by Referral Agencies**

Circle ONE: **Saskatoon OR Regina Location** Date: _____, 202 _____

Agency Name Referral: _____ Counsellor (please print): _____

Agency Phone: _____ Counsellor Signature: _____

The following information provided by the participating referral agency on behalf of the applicant will be treated as confidential by Oxford House Saskatchewan (OHS) personnel.

A. General Information: Last Name: _____ First Name: _____

Current Address: _____ City/Town: _____ Province: _____

Residence Phone: _____ Work Phone: _____ Cell: _____

Homeless? Circle ONE: Yes No **OR** At risk of homelessness? Yes No

Special needs/difficulties? (Circle as required.) Reading; learning; physical limitations; other - _____

B. Addictions Information:

Main addiction: _____ Others: _____

C. Treatment/Medications:

1. Dates of addiction treatment plan (MM/DD/YR): _____/_____/202____ to _____/_____/202____

2. Completed Treatment? Circle ONE: Yes No **OR** Still in treatment? _____% complete

3. Current Medications: _____

D. Statement of support for applicant:

Please Note: A. Methadone is on OHS Prohibited Drug List. No exceptions.

B. Incomplete applications may result in delays. Remit this Referral with Application.

Please forward to: Fax: 1 (866) 725-8008 **OR** Email: OW1@oxfordhousesk.ca

For further information: Outreach Worker – Cell (306) 570-5709

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Visit our website at: www.oxfordhousesk.ca