



**BEYOND BRINK** A NONPROFIT ORGANIZATION  
 314 Chestnut Street  
 Mankato, MN 56001  
 507-779-7091 office  
 507-779-7092 fax  
[wecovery@beyondbrink.com](mailto:wecovery@beyondbrink.com)  
[www.beyondbrink.com](http://www.beyondbrink.com)

Today's Date \_\_\_\_\_

## Application for Beyond Brink Housing

Name: (first, middle, last) \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Communication Preference:  Email  Call  Mail  Text Primary Language: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Separated

Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Date of last use: \_\_\_\_\_ Alcohol and/or Drug(s) of choice: \_\_\_\_\_

Date you are looking to enter sober living: \_\_\_\_\_

Desired House:  Chestnut House  Women's House  Creative House: LGBT+  
 Men's house – Mankato  Men's House - Owatonna

- ♻ Chestnut House is a co-ed based residential living environment for those waiting to get into a treatment facility (pre-treatment) and for those who have already completed a resident treatment program (post-treatment).
- ♻ Men's recovery houses are all-male based residential living environments.
- ♻ Women's recovery house is an all-women based residential living environment.
- ♻ Creative House is a residential living environment for LGBTQ+ persons and allies, which does not base living assignments on gender.

Current address (This can be current facility address)  
 \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different than above):  
 \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Are you currently homeless?  Yes  No If so, in which county? \_\_\_\_\_

Do you have any children?  Yes  No

If YES, do you currently have physical or legal custody?  Yes  No

Are you currently going through charges or a chips case in court?  Yes  No



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If yes, please explain: \_\_\_\_\_

What is your current form of transportation? \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

**Contact in case of emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Do you have health insurance?  Yes  No

If YES, please provide the following information:

Insurance Company Name: \_\_\_\_\_

Policy or PMI #: \_\_\_\_\_ Group Name/#: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Insured's DOB: \_\_\_\_\_

Are you currently in inpatient treatment, work release, halfway house?  Yes  No

If YES, please provide the following information:

Facility Name: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Anticipated Discharge Date: \_\_\_\_\_

If NO, have you had any treatment services in the last 90 days?  Yes  No

Do you have any physical or mental disabilities that would interfere with your participation in our program?  Yes  No

Please explain: \_\_\_\_\_

\_\_\_\_\_



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Do you have a Mental Health Diagnosis? If YES, please list diagnosis below:

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Medications you are currently prescribed:

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Physical Limitations:

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Have you been arrested in the last 30 days?  Yes  No

Are you now on Probation?  Yes  No

Are you now on Parole?  Yes  No

Probation / Parole Office Name & Number/Email, Address and County where they are located:

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List felony convictions, if any

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List misdemeanor convictions, if any

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If you have a Case Manager, please list Name & Number/Email, Address and County where they are located: \_\_\_\_\_

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Do you have any specific legal restrictions?  Yes  No

If yes, please describe: \_\_\_\_\_

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Have you ever been charged with any violent crimes?  Yes  No

If yes, please describe IN DETAIL the events of all violent crimes. Use a separate page if necessary. (We consider Violent Offenders on a case-by-case basis.) Were you under the influence of drugs/alcohol when you committed the crime?  Yes  No

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Are you currently employed in the area:  Yes  No

If YES, where? How long? \_\_\_\_\_

**NOTE: Employment, job search, volunteer work or school are a requirement once you enter the program.**

Are you receiving any other sources of income? (SSDI, SSI, Unemployment)  Yes  No

Please explain: \_\_\_\_\_

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Do you currently have a sponsor, mentor, counselor, pastor, or Peer Recovery Specialist you are working with?  Yes  No

**NOTE: Beyond Brink Recovery Housing requires you to obtain within 2 weeks of entering the program.**

Are you currently attending support meetings of any kind?  Yes  No

**NOTE: Beyond Brink Recovery Housing requires attendance to 3 support meetings per week once in the program.**

What things do you do currently to maintain your recovery? What do you need to do?

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Please share what you would like to do if accepted into the Beyond Brink Recovery Housing. What type of job will you be looking for? School? What are your plans to start to rebuild yourself in this community? How long do you see yourself staying with us? What does recovery mean to you?

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Is there anything else you would like to share?

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***By signing below, I understand and agree to meet the following expectations, if accepted for residency into Beyond Brink.***

- I agree to always remain clean and abstinent. \_\_\_\_\_ (Initial)
- I agree to pay my portion (if any) of the resident fee as agreed. \_\_\_\_\_ (Initial)
- I agree to always keep Beyond Brink free from alcohol, illegal drugs, & mind-altering substances. \_\_\_\_\_ (Initial)
- I agree to enter into a resident agreement (following all resident rules and expectations for structure and accountability) and abide by the terms. \_\_\_\_\_ (Initial)

I certify that ALL information I have provided to Beyond Brink is true and correct. I have read all material on this application form including the limitations above. I have answered each question honestly and want to achieve long-term sobriety from alcoholism and/or addiction. When I am accepted and take residency, I agree to hold harmless Beyond Brink, the property owners, and all service providers, and agree to sign the Resident Release and Hold Harmless form, the Resident Agreement, the medication watch agreement, any releases requested by Beyond Brink, and the House Rules and Expectation Agreement.

Signature: \_\_\_\_\_  
 Date of Application: \_\_\_\_\_

**\*\*\*\*OFFICE USE ONLY\*\*\*\***

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_  
 Date of Phone interview: \_\_\_\_\_  
 Accepted:  Yes  No



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Date of Admission: \_\_\_\_\_

Date placed on Waitlist: \_\_\_\_\_