



BEYOND BRINK
A NONPROFIT ORGANIZATION
314 Chestnut Street
Mankato, MN 56001
507-779-7091 office
507-779-7092 fax
wecovery@beyondbrink.com
www.beyondbrink.com

Application for Mankato Recovery Housing

Today's Date _____

NAME (first, middle, last) _____ Male or Female (circle)

Phone# _____ Email Address _____

Communication Preference (Circle): Email Call Mail Text Primary Language _____

Date of birth _____ Age _____ Marital Status _____

Social Security Number _____

Date you are looking to enter sober living: _____

Men's house Women's house Chestnut house (circle one)

- Men's recovery house is an all male based residential living environment.
- Women's recovery house is an all women based residential living environment.
- Chestnut house for those waiting to get into a treatment facility (pre-treatment) and for those who have already completed a resident treatment program (post-treatment).

Current Address (This can be current facility address)

_____ City: _____ State: _____ ZIP: _____

Mailing/Permanent Address (If different than above):

_____ City: _____ State: _____ ZIP: _____

Are you currently homeless? _____ Yes _____ No

Do you have any children? _____ Yes _____ No

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

What is your current form of transportation? _____

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



BEYOND BRINK
A NONPROFIT ORGANIZATION
314 Chestnut Street
Mankato, MN 56001
507-779-7091 office
507-779-7092 fax
wecovery@beyondbrink.com
www.beyondbrink.com

Contact in case of emergency:

Name _____ Phone _____

Relationship to applicant _____

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

If Yes, which one and where? Include name and contact information for the counselor.

Anticipated Discharge Date: _____

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

What type of services? (Inpatient, Outpatient, Counseling) _____

Do you currently have health insurance? _____ Yes _____ No

(If YES Please provide insurance company name, and copy of card if available)

Do you have an addiction to alcohol and/or drugs? _____ Yes _____ No

Date of last use _____

Alcohol and/or drugs of choice _____

Do you have any physical or mental disabilities that would interfere with your participation in the program? _____ yes _____ no

Please Explain: _____

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

Medications you are currently prescribed

Physical Limitations: _____



BEYOND BRINK
A NONPROFIT ORGANIZATION
 314 Chestnut Street
 Mankato, MN 56001
 507-779-7091 office
 507-779-7092 fax
wecovery@beyondbrink.com
www.beyondbrink.com

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

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

If Yes, please explain: _____

Are you now on Probation? _____ Yes _____ No

Are you now on Parole? _____ Yes _____ No

Probation / Parole Officer Name & Number/ Email Address and County they are located:

List felony convictions, if any _____

List misdemeanor convictions, if any:

If you have a Case Manager, please list name, phone number Email Address and County they are located:

Do you have any specific legal restrictions? _____ Yes _____ No

If Yes, please describe:



BEYOND BRINK
A NONPROFIT ORGANIZATION
314 Chestnut Street
Mankato, MN 56001
507-779-7091 office
507-779-7092 fax
wecovery@beyondbrink.com
www.beyondbrink.com

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

Are you currently employed in the Mankato 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? Please explain: _____

Do you currently have a sponsor, mentor, counselor, pastor or PRS that you are working with?

_____ yes _____ no

NOTE: Mankato Recovery Housing requires you to obtain within 2 weeks of entering into the program

Are you currently attending support meetings of any kind? _____ yes _____ no

NOTE: Mankato 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?



BEYOND BRINK
A NONPROFIT ORGANIZATION
314 Chestnut Street
Mankato, MN 56001
507-779-7091 office
507-779-7092 fax
wecovery@beyondbrink.com
www.beyondbrink.com

Please share what you would like to do if accepted into the Mankato 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?

Is there anything else you would like to share?



BEYOND BRINK
 A NONPROFIT ORGANIZATION
 314 Chestnut Street
 Mankato, MN 56001
 507-779-7091 office
 507-779-7092 fax
wecovery@beyondbrink.com
www.beyondbrink.com

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

- I agree to remain clean and sober at all times. _____ (Initial)
- I agree to pay my portion (if any) of the resident fee on time. _____ (Initial) • I agree to keep Beyond Brink free from alcohol and illegal drugs at all times. _____ (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 drug addiction. When I am accepted and take residency, I agree to hold harmless Beyond Brink, the property owners and any 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 Reviewed: _____ Reviewed By: _____

Date of Phone

Interview: _____ Accepted:

_____ Yes _____ No

Date of Admission: _____

Placed On Waitlist: _____ (Date)