



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

Today's Date _____

Application for Beyond Brink Recovery Houses

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

♣ 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

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

If yes, please explain:

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

Medications you are currently prescribed:

Physical Limitations:

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:

List felony convictions, if any_____

List misdemeanor convictions, if any_____

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

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

If yes, please describe: _____

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 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

If yes, please explain:

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?

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?

Is there anything else you would like to share?

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: _____

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

Date Received: _____ Received by: _____

Date of Phone interview: _____

Accepted: ☐ Yes ☐ No

Date of Admission: _____

Date placed on Waitlist: _____