



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 Chestnut House- PRE TREATMENT HOUSING
314 Chestnut Street, Mankato, MN 56001

Today's Date _____

PRINT NAME _____ Male or Female (circle)

Phone # _____ Email Address _____

Primary Language _____

Date of birth _____ Age _____ Marital Status _____

Social Security Number _____

Current Address (This can be current facility address or mailing address)

_____ City: _____ State: _____ ZIP: _____

Home/Funding County of Residence: _____

Are you currently homeless? _____ Yes _____ No

Do you have any children? _____ Yes _____ No

Are you pregnant? _____ yes _____ No _____ Unknown

Contact in case of emergency:

Name _____ Phone _____

Are you currently in detox, custody or another facility? _____ Yes _____ No

If Yes, which one and where? _____

Do you currently have health insurance? _____ Yes _____ No

(If YES Please provide a copy of Insurance card)

Insurance Company Name: _____ ID Number: _____

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

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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: _____

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

Are you currently going through criminal 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 _____

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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: _____

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

Do you currently have a plan in place for inpatient treatment? _____ yes _____ no

Are you working towards getting in to inpatient treatment? _____ yes _____ no

Do you have a plan in place for "next steps"? _____ yes _____ no

If so, what are they?

NOTE: Chestnut House requires you to have a plan in place for treatment or next steps or have one within one day of admission.

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 remain onsite while waiting for my next steps. _____ (Initial)

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- 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. 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 _____

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

Date Reviewed: _____ Reviewed By: _____

Date of Phone Intake: _____

Accepted: _____ Yes _____ No

Date of Admission: _____

Placed On Wait List: _____ (Date)

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