



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

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: Chestnut House Men's house Women's House Creative House

- ♣ 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 house is an all-male based residential living environment.
- ♣ 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: _____



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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:

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: _____



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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

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: _____

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?



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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: _____

Date of Application: _____

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

Date Received: _____ Received by: _____

Date of Phone interview: _____

Accepted: Yes No

Date of Admission: _____

Date placed on Waitlist: _____