



RIVERS EDGE

Board & Lodge, LLC

Resident Application

Please complete this application and email to: RiversEdgeBLSS@yahoo.com

Which Location: **Pine River** (*rate 2*) / **Thief River Falls** (*rate 1*)

Date: _____

Full Name: _____

Date of Birth: _____

Present Address: _____

Phone Number: _____

Mental Health Diagnosis: _____

Number of days sober (Minimum of 30 days required prior to admission): _____

Are you able to independently manage your medications and ADLs? Yes / No

Are you currently on probation/parole? Yes / No

Agent Name/Contact: _____

Case Manager/Contact: _____

Do you have difficulties living with multiple people? Yes / No

If Yes, please explain _____

Please identify and list 2 goals that you would like to achieve in the next 6 months:

Please briefly explain why you feel Rivers Edge Board and Lodge meets your needs?

You must complete the DHS Combined Application Form & the GRH Professional Statement of Need Form for room and board funding

Thank you!