



Creating safer communities by providing ex-offenders the opportunity to transform their lives through mentoring, resources and community partnerships

PROGRAM APPLICATION

Service area include, but not limited to: Benton, Sherburne and Stearns Counties

Fill out application **COMPLETELY** and return to the address listed below if you wish to participate in programs at the Central MN Re-Entry Project.

Today's Date _____

First Name _____ Middle _____ Last _____

DOB _____ Home Phone _____ Cell Phone _____

Race _____ Gender _____ Education (highest level completed) _____

E-mail Address _____ Age(s) of Children _____

Do you want a Mentor _____ Employed/Job on Release _____ Has Resume _____

State ID _____ Valid Driver's License _____ Military Service _____ Chemically Dependent _____

Drug(s) of Choice _____ Completed Rule 25? _____

Attends Meetings _____ Treatment Complete _____ Mental Health Issues _____

Health Notes _____ Work Skills _____

OID # _____ Last Institution _____ Beginning Date _____

Expiration Date _____ Anticipated Release Date _____ County of Conviction _____

Offense/Description _____

Caseworker Name and Number _____

Probation Officer Name and Number _____

Housing Type _____ Address/upon release _____

City _____ State _____ Zip Code _____

(Please call or stop in to schedule an appointment)

Central MN Re-Entry Project P.O. Box 6064 St. Cloud, MN 56302

CMNRP Form 2-10

Saved as Program Application