



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

## PROGRAM APPLICATION

Service area includes, but not limited to: Benton, Kanabec, Mille Lacs, Morrison, Stearns

Please complete and return to the address listed below if you wish to participate in the Central MN Re-Entry Project. You will be notified once we evaluate your application.

Today's Date: \_\_\_\_\_ Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Race: \_\_\_\_\_ OID# \_\_\_\_\_ County of Conviction \_\_\_\_\_

Name of Prison/Jail \_\_\_\_\_ Offense \_\_\_\_\_

Address upon release: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Admit Date: \_\_\_\_\_ Anticipated Release Date \_\_\_\_\_

Case Worker name & number: \_\_\_\_\_

PO name & number: \_\_\_\_\_

Would you like a mentor: Yes \_\_\_ No \_\_\_

Education-(Check One) Last Year Completed in High School \_\_\_ Diploma \_\_\_ GED \_\_\_ College \_\_\_

Marital Status: Married \_\_\_ Divorced \_\_\_ Single \_\_\_ Children: Yes \_\_\_ No \_\_\_ Ages \_\_\_\_\_

Military History: VET Yes \_\_\_ No \_\_\_ Branch \_\_\_\_\_ Discharge \_\_\_\_\_ Rank \_\_\_\_\_ Years \_\_\_\_\_

Drug of Choice \_\_\_\_\_ Have you qualified for "Rule 25": Yes \_\_\_ No \_\_\_

Vocational Assessment Yes \_\_\_ No \_\_\_

Work Skills/Experience/Special Training: \_\_\_\_\_

Do you have a Resume: Yes \_\_\_ No \_\_\_ Do you have a job upon release Yes \_\_\_ No \_\_\_

Identification Type: State Picture ID: Yes \_\_\_ No \_\_\_ Valid Drivers License: Yes \_\_\_ No \_\_\_

Any mental health concerns?  
\_\_\_\_\_

**Central MN Re-Entry Project ATTN: Beth Shiek PO. Box 6064 St. Cloud, MN 56302**

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