

## CENTRAL MN RE-ENTRY PROJECT

# ELIGIBILITY REQUIREMENTS

Felony Conviction in the State of Minnesota

County of Conviction is Stearns, Benton, or Sherburne

365 days or less from felony sentencing date or release from  
incarceration for a felony conviction

Felony Conviction in the State of Minnesota

**Application Process:** Once the above eligibility requirements have been met, the  
applicant can complete the attached program application.

***Email the application to:***

Info@CMNRP.org

***Mail the application to:***

PO Box 2391  
St. Cloud, MN 56302

***It is then the applicant's responsibility to contact CMNRP  
to schedule an appointment at our office. (320.656.9004)***

**320.656.9004**

Info@CMNRP.org

**CMNRP.ORG**

**MAILING ADDRESS**

PO Box 2391  
St. Cloud, MN 56302

**OFFICE HOURS**

Tues - Thurs  
10 am - 4 pm



# PROGRAM APPLICATION

Please fill out the application **COMPLETELY**.

Name: \_\_\_\_\_  
(First) (Middle) (Last)

DOB: \_\_\_\_\_ (mm/dd/yyyy)

Housing Type: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City/State/Zip)

Phone Number: \_\_\_\_\_

Alternative Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer/Job Upon Release:  
\_\_\_\_\_

Today's Date: \_\_\_\_\_ (mm/dd/yyyy)

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

### Level of Education

- Some High School \_\_\_\_\_
- GED \_\_\_\_\_
- Diploma \_\_\_\_\_
- Some College \_\_\_\_\_
- 2 Yr Degree \_\_\_\_\_
- 4 Yr Degree \_\_\_\_\_
- Beyond 4 Yr Degree \_\_\_\_\_

### Do You Have Children

Yes No

Ages:

Work Skills: \_\_\_\_\_

### **Incarceration**

Last Institution: \_\_\_\_\_

OID#: \_\_\_\_\_

County of Conviction: \_\_\_\_\_

Offense Description: \_\_\_\_\_

Anticipated Release Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Caseworker Name & Phone Number:  
\_\_\_\_\_

Probation Officer Name & Phone Number:  
\_\_\_\_\_

### **Health**

Chemically Dependent: Yes No

Drug of Choice: \_\_\_\_\_

Have You Completed Treatment: Yes No

Do You Attend Meeting: Yes No

Caseworker Name & Phone Number:  
\_\_\_\_\_

Probation Officer Name & Phone Number:  
\_\_\_\_\_

# GETTING ORGANIZED

Please indicate your recent accomplishments on the item list below. Also indicate what need to work on.

Item	Recent Accomplishments	What I Need To Work On
Housing		
Medical		
Food		
Clothing		
Transportation		
Employment		
Resume		
Education		
Driver's License		
State ID		
Social Security Card		
Birth Certificate		
Support Group		
Veteran's Benefits		



# AUTHORIZATION FOR THE RELEASE OF INFORMATION

I \_\_\_\_\_ authorize \_\_\_\_\_  
Name of person on parole/probation Name of parole/probation officer/caseworker/CORE/Rise

to release data about me to:

## **Central MN Re-Entry Project**

PO Box 2391 St. Cloud, MN 56302  
320.656.9004

The specific data covered by this release: **All information related to my supervision and/or case management**

The person(s) named and their representatives may use this information for the following purposes:

**To assist me in my transition and to track my progress while on supervision for the purpose of measuring recidivism and outcome of services received from the Central MN Re-Entry Project.**

I understand that:

- The data listed above may include data that is classified private data under Minn. Stat. Chr. 13 and would otherwise be private and accessible only to me, the department or anyone authorized by law to receive it.
- By signing this form, I am authorizing that department to release data to the person(s) named and their representatives.
- Without my authorization, the department could not release that data which is classified as private.
- When data about me is released to the person(s) named and their representatives, the department has no control over the use of the person(s) named or their representative make of the data disclosed.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent. This consent expires upon completion of the above-stated purpose or after my parole period expires, whichever comes first.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Subject of Data