



Mail to: **The Fortress**
 500 Russell St NW
 Willmar, MN 56201
 Phone: **(320) 214-7015**

Program Application: **CONFIDENTIAL**

Applicant Information

Full Name: _____ Date of Birth: ____ / ____ / ____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Approx. Date of release and/or arrival: ____ / ____ / ____ Today's Date: ____ / ____ / ____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you currently in a treatment facility? YES NO If yes, explain _____

Are you currently in a Correctional facility? YES NO If yes, explain: _____

Marital status/children: _____

References

Please list contact info for case worker, personal reference, professional counselor etc...

Name: _____ Relationship/Title: _____

Organization: _____ Phone: _____

Address: _____

Name: _____ Relationship/Title: _____

Organization: _____ Phone: _____

Address: _____

Name: _____ Relationship/Title: _____
Organization: _____ Phone: _____
Address: _____

Previous Treatments

Facility: _____ Date: _____
Treated for: _____ Completed? _____
Facility: _____ Date: _____
Treated For: _____ Completed? _____
Others? _____

May we contact your previous facilities for a reference? YES NO

Criminal Background

Are you currently on probation/parole? _____ County? _____
Any Court Cases Pending? _____ If yes, explain: _____
Ever Convicted of Violent Crime? _____ If yes, explain EACH conviction _____

Any Sex Related Crimes? _____ If yes, explain in full: _____

Do you have any outstanding warrants? YES NO

Probation/Parole Officers name: _____ Phone: _____
Address: _____ State/Zip _____

Physical Health

Any current medical issues? _____ Any Medications? _____ Any special needs? _____
If yes, explain in detail _____
Physician: _____ Clinic: _____ Phone: _____

