



Mail to: **The Fortress**
 500 Russell St NW
 Willmar, MN 56201
 Phone: (320) 214-7015
 Fax: (320) 235-1067

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, where? _____

Are you currently in a correctional facility? YES NO If yes, where? _____

Marital Status/Children: _____

References

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

Name: _____ Relationship: _____
 Organization: _____ Phone: _____
 Address: _____

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 Organization: _____ Phone: _____
 Address: _____

Previous Treatments

Facility: _____ Date: _____

Treated For: _____ Completed?: _____

Facility: _____ Date: _____

Treated For: _____ Completed?: _____

Others? _____

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

Criminal Background

Are you currently on probation/parole? _____ County: _____

Any court cases pending? _____ If yes, please explain: _____

Ever convicted of a violent crime? _____ If yes, please explain: _____

Any sex related crimes? _____ If yes, explain EACH conviction: _____

Do you have any outstanding warrants? _____ If yes, please explain _____

Physical Health

Any current medical issues? _____ Any medications? _____ Any special needs? _____

If yes, list and explain your medications and needs: _____

Physician: _____ Clinic: _____ Phone: _____

What situations or circumstances led up to where you are today?

Of all the options available to you, why would you choose The Fortress as your next step in recovery?

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____