

Thank you for your interest!

Our hope is that this initiative will help bring community support and resources to people who are on their journey to get out of poverty. It is intended for people who are highly motivated and want to seek and maintain full time employment.

Each participant will set goals in the areas of budgeting, educational training, friends and other things that are important in their lives. Participants will work toward meeting these goals with the support of volunteers from our community.

Hard work, communication, leadership training and meeting attendance are required. Joining Circles® means that you are willing to do whatever it takes to move to a place where you have enough resources and friends in your life to feel successful.

For more information contact:

Linda Patton, Circles® Coordinator
812-339-3447, extension 206
lindap@insccap.org

Carrie Felton, Circles® Coach
812-339-3447 extension 263
carrie@insccap.org



Monroe County Circles® Initiative

Circle Leader Job Description

The Circle Leader has three primary goals:

1. Create life changes that lead to permanent self-sufficiency
2. Develop your unique gifts and leadership skills to lead the circle, contribute to the Circles® initiative, and give back to the community
3. Use your experience of poverty and leading your family to self-sufficiency to advocate within the community for changes in the systems barriers that keep poverty in place

The Circle Leader commitment:

- Complete Circles® orientation
- Complete 18-20 week Circles® poverty training
- Commit to be part of the Circles® initiative for 18 months or more
- Attend Circles® community meetings that include dinner and youth programming with other Circle leaders and allies
- Find ways to actively contribute to the Circles® initiative and give back to the broader community
- Meet monthly with your circle
- Make progress toward the goals you identify in order to increase your resources and you're you toward self-sufficiency

The Circle leader receives the following supports:

- 18-20 Circles® poverty training and Circle Leader Orientation
- Two to four caring allies to join you in your journey to self-sufficiency
- Weekly meetings in which meals and youth programming are provided
- Access to information about a variety of community resources
- Staff available to answer questions, provide support, and assist with conflict resolution

Building intentional relationships with people who have a different experiences and backgrounds can be difficult. How can I be sensitive to the differences between economic classes?

- Remember that allies may not have any experience with poverty and may make mistakes
- Remember that the allies on your circle are your friends, not social workers. Expect them to offer support, understanding, and connections to the middle class, but not to “fix” your situation
- When you have strong feelings about the Circles® initiative or another individual in the community, be willing to talk to someone about those feelings, and work toward resolution.

Monroe County Circles® Initiative

Circle Leader Application

Name _____ Today's Date _____

Address _____ City _____ State _____

Zip _____ Phone(s) _____ E-mail _____

Please list the names of all adults in your household: _____

Please list your children's names and dates of birth:

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Do your children live with you? Y N If not, where do they live? _____

Do you have visitation rights? Y N Are other children in the household? Y N

I was referred to Monroe County Circles® by _____ Phone _____

(This person may be contacted to discuss your situation)

Current place of employment _____

Job Title _____ Date Hired _____

Highest grade completed (circle): 1-6 7-8 9 10 11 12 Associates BA/BS Masters

Are you currently enrolled in an education program? What program? _____

Date enrolled _____ Anticipated Completion Date _____

Please circle all sources of income: Wages TANF SSI Unemployment Benefits Child Support

Total monthly income from all sources \$ _____

Do you have a working vehicle? Yes No Are you on a bus route? Yes No

Please circle all assistance/services your family currently receives:

- Head Start
- Indiana Legal Services
- Academic Financial Aid
- Family Self-Sufficiency
- Hoosier Healthwise
- Vocational Rehab
- Energy Assistance
- Food Stamps
- Centerstone
- CASY
- VIM Clinic
- Adult Education (GED)
- Section 8
- Free/Reduced School Lunch
- Lifeline Linkup Phone Service
- MCUM Child Care
- HIP Program
- BHA Housing (Crestmont)
- WIC
- Individual Development Account (IDA)
- Salvation Army Child Care
- IMPACT

Please list the names & contact information for all people you are currently working with for supportive services:

Agency	Contact Name/Extension
Adult Education	_____
CASY	_____
Centerstone (CBH)	_____
DCS/Child Protection	_____
Food stamps	_____
Free/sliding scale child care	_____
IMPACT	_____
Indiana Legal Services	_____
Probation/Parole	_____
SCCAP Family Development	_____
Section 8 or BHA	_____
TANF	_____
VIM Clinic	_____
WIC	_____

Please provide the names & contact information of any other professionals you receive ongoing supportive services from:

Alcohol/Drug Treatment _____ Phone _____

Counselor/Therapist _____ Phone _____

Vocational Rehab _____ Phone _____

Other Service Provided: _____

Name: _____ Phone _____

Service provided: _____

Name: _____ Phone _____

Service provided: _____

Name: _____ Phone _____

When you sign this page you are giving permission for us to exchange information with the above people if necessary. Information will be used to determine eligibility for the Monroe County Circle® Initiative and track progress toward goals.

Signature _____ **Date** _____

Place a check next to the areas where you are experiencing difficulties:

- Employment* *Transportation* *Training/Education* *Budget*
 Legal *Parenting* *Isolation/Friendships* *Housing*
 Alcohol/Drugs *Child care* *Health care costs*

I am willing to participate in an interview with Circles® staff. Please initial _____
It is your responsibility to arrange child care during your interview (about 1.5 hrs.)

I am willing to participate in a 18-20 week training course. Please initial _____
(every Thursday night, approximately 2.5 hours nightly, child care/dinner provided)

Following successful completion of training course,
I am willing to participate in weekly meetings, child care/dinner provided. Please initial _____

I am willing to participate in separate monthly meetings with my allies. Please initial _____

Please note: This is an application for the Circles® poverty training and the Circle Leader position. It does not guarantee you will be accepted and it does not mean you are required to be a Circle Leader. Thank you for your interest and for taking the time to fill out this application.

South Central Community Action Program, Inc.

Emergency Contact Information

Name _____ Birth Date _____

Address _____

Phone Number _____ Email _____

Health concerns/allergies _____

Primary Physician _____ Phone number _____

Family members who might attend Circles® functions with you:

Name _____ Birth Date _____

Health concerns/allergies _____

Primary Physician _____ Phone number _____

Name _____ Birth Date _____

Health concerns/allergies _____

Primary Physician _____ Phone number _____

Emergency Contact Information:

Name _____ Relationship _____

Phone _____ Cell Phone _____

Name _____ Relationship _____

Phone _____ Cell Phone _____

Name _____ Relationship _____

Phone _____ Cell Phone _____

South Central Community Action Program, Inc.

Criminal Record Declaration

South Central Community Action Program (SCCAP) and the Circles® Initiative require a background check of all participants in order to identify and limit potential danger to all participants, especially children. SCCAP will assess the relevancy of any arrests, pending criminal charges or convictions on an individual basis. SCCAP reserves the right to require additional information as necessary to assess the relevancy of any and all information you provide below.

PLEASE NOTE - You need not list the following:

- Any traffic fines of \$200.00 or less
- Any offenses, other than offenses related to child abuse and/or child sexual abuse or violent felonies, committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law
- Any convictions the record of which has been expunged under federal or state law
- Any conviction set aside under the Federal Youth Corrections Act or similar state law.

Please list all pending and prior criminal arrests and charges related to child sexual abuse and their disposition. Include dates and jurisdiction. If none, state NONE. Use additional sheets if necessary.

Please list all convictions related to other child abuse and neglect. Include date and jurisdiction. If none, state NONE. Use additional sheets if necessary.

Please list all convictions of violent felonies. Include date and jurisdiction. If none, state NONE. Use additional sheets if necessary.

I understand that providing false or misleading information could result in my not being considered for the Circles® Initiative. I declare, under penalties of perjury, that the above is true and correct to the best of my knowledge.

Applicant Printed Name _____

Applicant Signature _____ Date _____

South Central Community Action Program, Inc.

Consent for Release of Information for Criminal History & Child Protective Services State Central Registry Checks

Full Name: _____
 First Middle Last Previous

Address: _____
 Street City State Zip County

Date of birth: ___/___/___ Race/Ethnicity _____ Social Security #: _____ - _____ - _____

Previous Address(es) for past 10 years:

Address: _____
 Street City State Zip County

Address: _____
 Street City State Zip County

Address: _____
 Street City State Zip County

List names of dependent, independent & deceased child(ren): _____

Applicant expressly agrees to waive any privileges of confidentiality to permit any and all information to be released to South Central Community Action Program, Inc. (SCCAP) and Child Protective Services. Applicant expressly agrees and understands that any or all information obtained through this signed consent form may be used at the discretion of SCCAP and Child Protective Services in determining the applicant's suitability for working with children as a Legally Licensed Exempt Provider.

Applicant Signature: _____ Date: _____

Witness: _____ Date: _____

For Administrative Use Only:

Type of check: _____ Criminal History _____ Child Protective Services
 _____ Legally Licensed Exempt Provider _____ Circles® Initiative

Please Check the Appropriate Findings Below:

_____ : Our Agency has no information/record(s) concerning the above named individual.

_____ : Our Agency has the following information/record(s) concerning the above named individual: (Submit documentation or summarize areas you believe should be considered in evaluating the suitability of this individual working for a youth service agency.) Please use the back of the form or contact: _____

Signature: _____ Date: _____

Agency: _____