



THRIVING CONNECTIONS

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 Thriving Connections 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, Thriving Connections Coordinator
812-339-3447, extension 520
lindap@insccap.org



*Thriving Connections Initiative is part of the South Central Community Action Program www.insccap.org
All SCCAP services are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.*

SCCAP Thriving Connections Initiative

Leader Job Description

To become a Leader, you must meet ALL of the following criteria:

___ Income below 200% of the poverty guidelines and receives benefits

___ Does NOT currently receive disability assistance.

___ NOT in major crisis (untreated mental illness or drug/alcohol addiction, domestic violence situation, homeless); major crises have been stabilized

___ Highly motivated, willingness to work with others, and a desire to someday achieve sustainable employment (i.e. be able to live without public benefits)

The 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 , contribute to the Thriving Connections 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 Leader commitment:

- Complete Thriving Connections orientation
- Complete 18-20 week Thriving Connections poverty training
- Commit to be part of the Thriving Connections initiative for 18 months or more
- Attend Thriving Connections community meetings that include dinner and youth programming with other leaders and allies
- Find ways to actively contribute to the Thriving Connections initiative and give back to the broader community
- Receive and seek out training about poverty, personal growth, education and sustainable employment to give you different tools to move toward stability
- Meet monthly with your team
- Make progress toward the goals you identify to focus on in order to increase your resources and move you toward self-sufficiency

The leader receives the following supports:

- 18-20 week Thriving Connections poverty training and 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
- Programming to support your personal growth, education and sustainable employment goals
- 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 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 team 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 Thriving Connections initiative or another individual in the community, be willing to talk to someone about those feelings, and work toward resolution.

Thriving Connections Initiative

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 Thriving Connections by _____ Phone _____

(This person may be contacted to discuss your situation)

Current place of employment _____

Job Title _____ Date Hired _____

Former Jobs (please include job title, when hired and when left employment)

Highest grade completed (): 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 _____

Please list three personal references whom we may contact.

Name _____ Relationships _____

Contact information _____

Name _____ Relationships _____

Contact information _____

Name _____ Relationships _____

Contact information _____

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 Thriving Connections 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 Thriving Connections staff. Please initial _____
It is your responsibility to arrange child care during your interview (about 1.5 hrs.)

I am willing to participate in an 18-20 week training course. Please initial _____
(every Thursday night, approximately 2.5 hours nightly, child programming/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 Thriving Connections poverty training and the Leader position. It does not guarantee you will be accepted and it does not mean you are required to be a 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 Thriving Connections 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 Thriving Connections 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 Thriving Connections 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 _____ Thriving Connections 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: _____

SCCAP Thriving Connections Initiative

Photo and Media Release

I hereby grant the **South Central Community Action Program, Inc. / SCCAP Thriving Connections Initiative / Thriving Connections Campaign** permission to use my likeness in a photograph, video, or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will be the property of the above organizations.

I hereby irrevocably authorize the **South Central Community Action Program, Inc. / SCCAP Thriving Connections Initiative / Thriving Connections Campaign** to edit, alter, copy, exhibit or distribute this photo for the purposes of publicizing the above organizations' programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the **South Central Community Action Program, Inc. / SCCAP Thriving Connections Initiative / Thriving Connections Campaign** from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contact in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

PRINTED NAME DATE

SIGNATURE DATE

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

PRINTED NAME DATE

SIGNATURE DATE