**A logo for a community

Description automatically generated**

**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 in a place in their lives where they can commit to fully participating in an anti-poverty community.

We know that poverty is not just about not having enough money. Each participant will self-assess and set goals to increase their resources in eleven different resource categories. These categories are: Food, Shelter, Transportation, Physical Health, Financial Resources, Work, Childcare, Social Support, Integrity, Emotional Resources, and Spiritual/Cultural Resources. Participants will work toward goals that increase their resources with the support of volunteers from our community.

Hard work, communication, Captain training and meeting attendance are required. Joining Thriving Connections means that you are willing to be open to trying new things, meeting new people, and building a community where you provide support to and accept support from others.

The following application will help us understand your current situation. The questions will help us get to know you, but if you are uncomfortable answering them, you are not obligated to do so. Please feel free to ask if you’re unsure about anything!



For more information contact:

Katie Hopkins, Thriving Connections Manager

812-339-3447

[khopkins@insccap.org](mailto:khopkins@insccap.org)

Jozlynn Graves, Community Support Coordinator

[jmills@insccap.org](mailto:jmills@insccap.org)

Captain Job Description

**The Captain 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 team, 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 Captain commitment:**

* Complete Thriving Connections application and interview process
* Complete 18-24 week Thriving Connections poverty training
* Commit to be part of the Thriving Connections initiative for 18 months or more after training
* Attend Thriving Connections community meetings every Thursday from 6-8pm that include dinner and youth programming with other Captains and allies
* Find ways to actively contribute to the Thriving Connections initiative and give back to the broader community
* Receive and seek out training related to your goals to give you different tools to move toward stability
* Meet monthly with your Coach or Ship.
* Complete Life Assessments every 6th months and make progress toward the goals you identify.
* Identify when a goal isn’t working for you anymore and change or adjust it.
* Communicate weekly with other Captains, Coaches, Allies, etc. to build relationships.
* LET STAFF KNOW when you you’ll be unable to attend a meeting or event via text, email, phone, etc.

**The Captain receives the following supports:**

* 18-24 week Thriving Connections poverty training and Captain Orientation
* Two to Three 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
* Access to TC special funds to support goals.
* 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.

Pre-interview questions:

How did you hear about us?

What do you know about Thriving Connections?

Tell us a bit about yourself and what brought you here? What are you hoping to gain from Thriving Connections?

Do you feel that now is a good time in your life to make a long term commitment to build relationships and social support networks?

What do you anticipate being the biggest barrier or challenge to attending regularly and building relationships with new people?

The following application and interview questions contain some questions that are mandatory for eligibility determination. Some questions are not mandatory, and are simply to help us gather helpful data about our participants that will guide coaching and support. If you’d like to know why we’re asking a question, please don’t hesitate to pause and ask. If it’s not needed for eligibility, you can opt not to share the information and it will not affect whether or not you are accepted into Thriving Connections.

You may be asked to provide proof of income eligibility if we can’t use other SCCAP data sources.

By signing below, you acknowledge that you understand your options and that providing false or misleading information could result in my not being considered eligible for Thriving Connections.

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| Full Legal Name | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Today’s Date | | | | |  | | | | | |
| Birthdate | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | | | | State | | | | | | | | | | | | | |  | | | | | | | | | Zip | | | | | |  | | | | | | | | | | | | | |
| Phone | |  | | | | | | | | | | | | | | | | | | | | | Email | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Preferred Method of Contact (x) | | | | | | | | Phone | | | | |  | | | Text | | |  | | | Email | | | | | | | | | | | | | | | | |  | | | Social Media/Messenger | | | | | | | | | | |  | | | |
| I was referred to Thriving Connections by: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Phone Number: | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Gender: | | |  | | | | | | Race: | | |  | | | | | | | | | | | | | | | Military Status: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **HOUSING/HOUSEHOLD COMPOSITION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please List the Full Names and Birthdates of all adults in the household: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DOB: | | | | | |  | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DOB: | | | | | |  | | | | | | |
| Please List the Full Names, Birthdates, School, and Grade Level of all children in the household: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | | | | DOB: | | | | | |  | | | | | | School: | | |  | | | | | | | | | | | | Grade: | | | | | | |  | | |
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| Do all of your children live with you? | | | | | | | | | | | | | | |  | | | | | | | | | If not, where do they live? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Do children have any health concerns you’d like us to be aware of? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you currently own or rent? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | How much is monthly payment? | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **EMPLOYMENT/INCOME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Employer: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Job Title: | | | | | | | | |  | | | | | | | | | | | | | | |
| How many hours a week: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Hourly Wage: | | | | | | | | |  | | | | | | | | | | | | | | |
| Typical Days/Times Worked: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other sources of income: (x) | | | | | | | | | | | SSI | | | | | |  | SSDI | | | | | | |  | | | | | Unemployment | | | | | |  | | | | Child Support | | | | | | | | |  | | | TANF | | | |  |
|  | | | | | | | | | | | Alimony | | | | | |  | | | | VA Service Disability | | | | | | | | | | | | |  | | | | VA Non Service Disability | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | EITC | | | | | |  | | | | Worker’s Comp | | | | | | | | | | | | |  | | | | Other: | | | | | | | | | | | | | | | | |  | |
| Total Monthly Income from all sources: | | | | | | | | | | | Before Taxes: | | | | | |  | | | | | | | | | | | | | | | Take Home: | | | | | | |  | | | | | | | | | | | | | | | | | |
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| **EDUCATION** | | | | | | | |
| Highest Grade Completed: | |  | | |  | |  |
| Degrees or Certifications: |  | | | | Year Completed: |  | |
|  |  | | | |  |  | |
| Are you currently enrolled anywhere? | | | |  | Name of institution and degree program: |  | |
| Anticipated Graduation Date: | | |  | | | | |
| Any current issues or barriers within educational system: | |  | | | | | |
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| **TRANSPORTATION** | | | |
| Do you have a reliable vehicle? |  | Are you on a bus route? |  |
| Are you making payments on your vehicle? |  | Do you have car insurance? |  |
| Do you have any issues with the BMV you are working through? |  | Do you have age appropriate car seats for child passengers? |  |

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| **HEALTH** | | | |
| Name of Primary Care Provider: |  | Do you have health insurance? If yes, through who? |  |
| Name of Insurance Provider: |  | If no, can we refer you to health insurance navigation services? |  |
| Counselor/Therapist: |  | If no, are you open to mental health counseling? |  |
| Do you have any diagnoses, health challenges, or recent surgeries that you feel comfortable sharing with us? |  | | |

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| **SOCIAL SUPPORT/RELATIONSHIPS** | | | |
| Please check all that apply to you: | | | |
| I am married or in a long term relationship: |  | I feel supported by my family: |  |
| If yes, is your partner supportive of you increasing your social support network and attending weekly meetings? |  | I have friends that give me support and good advice: |  |
| I belong to other groups/organizations in Bloomington: (list) |  | | |

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| **ADVERSE EXPERIENCES** | | | | | |
| Have you personally experienced in your life or witnessed the following in your childhood or adulthood:  (Place an X) | | | | | |
|  | Self: | Witnessed: |  | Self: | Witnessed: |
| Physical Abuse |  |  | Physical Neglect |  |  |
| Emotional Abuse |  |  | Emotional Neglect |  |  |
| Sexual Abuse |  |  | Mental Illness |  |  |
| Incarceration |  |  | Homelessness |  |  |
| Substance Use Disorder |  |  | Domestic Violence |  |  |

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| **ASSISTANCE** | | | |
| Please place an X next to any assistance/services your family currently receives: | | | |
| **Childcare:** | | | |
| Head Start/Early Head Start |  | CCDF Vouchers |  |
| On My Way Pre-K |  | MCUM |  |
| Other: |  |  |  |
|  |  |  |  |
| **Healthcare:** |  |  |  |
| HealthNet |  | Marketplace:  If yes, which company |  |
| Healthy Indiana Plan:  If yes, which company |  | Hoosier Healthwise:  If yes, which company |  |
| IU Health Financial Assistance Payment Plans: |  |  |  |
|  |  |  |  |
| **Nutrition:** |  |  |  |
| SNAP: |  | WIC: |  |
| Free/Reduced Lunch: |  |  |  |
|  |  |  |  |
| **Housing:** |  |  |  |
| BHA Section 8 |  | SCCAP Section 8/Housing Choice Voucher |  |
| BHA Family Self Sufficiency |  | Indiana Emergency Rental Assistance Program |  |
| **Other:** |  |  |  |
| Affordable Connectivity Internet Plan: |  | Lifeline Phone: |  |
| Indiana Legal Services: |  | Other: |  |
|  |  |  |  |

**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.

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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo and Media Release for 18+**

I hereby grant the **South Central Community Action Program, Inc. / SCCAP Thriving Connections Initiative** 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** 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** 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

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SIGNATURE DATE

**Photo and Media Release for Minors**

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I hereby certify that I am the parent or guardian of the following minors and do hereby give my consent without reservation to the foregoing on behalf of this person(s).

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| Legal Name of Minor(s) |
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