



THRIVE
COMMUNITIES

P.O. Box 855
Lowell MA 01853
978-483-0211
www.ThriveMA.org

To Returning Community Members and Colleagues involved in Reentry Planning and Services:

Attached is an application from THRIVE Communities for our community initiative: **Circles of Support and Accountability (COSA)**. COSAs are designed to accompany Core Members (individuals returning from incarceration) through the journey of reentry by matching them with a dedicated team of three community volunteers who meet weekly with the Core Member for a minimum of 12 months. This team is trained and supported by THRIVE staff members. Core Members and COSA volunteers often form positive long-lasting friendships. Each COSA team is supported by professionals involved in our Core Member's care, community groups, and others equipped to respond to unique challenges the team may face. These important layers of community join together to help Core Members set and achieve their own goals, uphold reentry requirements, and provide a space for supportive forms of accountability.

Please share this information broadly with incarcerated people, persons in the community who are seeking reentry support, and colleagues in the field of reentry. THRIVE seeks applicants who are **adults (25+)** with **limited social supports** returning from prison to **Greater Lowell**, Massachusetts. We serve individuals of **all genders and offending categories** and will prioritize applicants who are of **medium to high risk for recidivism** with the greatest need for social support. Participation in COSA is fully voluntary, so applicants should only apply if this is a reentry approach that sounds appealing to them. A three-to-six-month lead time is helpful to properly prepare a COSA team. Applications are welcome years in advance if applicants want to plan their re-entry early, the more time we have to prepare, the better.

Here is a link to an article about COSAs in Vermont as well as a link to other relevant articles. While most COSA initiatives have focused on people reentering who have a history of sexual offending, Vermont has successfully opened their circles up to a broader population. Likewise, THRIVE Communities serves individuals of all offending categories.

- Research on desistance and COSA from Vermont - <http://cjb.sagepub.com/content/42/1/82.full.pdf+html>
- Additional COSA research can be found here: <http://www.robinjwilson.com/circles.shtml>

Prior to applying, please feel free to call our office with any questions you have regarding CoSA, about openings available during a specific reentry timeline, or general eligibility. Contact Sam Gruca via phone at 978-483-0211 or e-mail apply@thriveMA.org.

Sincerely,

Kim Yeasir, Chief Empowerment Officer

kimyeasir@thrivema.org

617-642-4553

APPLICATION: CIRCLES OF SUPPORT & ACCOUNTABILITY

Please answer the following questions honestly and to the best of your ability. Support from a CPO, Caseworker, Parole/Probation Officer, or another referring entity is encouraged.

Section I: Basic Applicant Information

Full Name: _____

Date of Birth: _____ Primary Language(s): _____

Correctional Facility: _____ Institutional Number: _____

Name of DOC CPO or Caseworker: _____

Best Phone Number or E-mail for CPO/Caseworker: _____

Name of Referring Person & Agency if not DOC: _____

Best Phone Number or E-mail for Referring Person: _____

Applicant's Phone Number if in Community: _____

Applicant's E-mail if in Community: _____

Section II: Criminal History

How old were you when you were first ever incarcerated (Age, Date, Charge(s))? _____

Current/Most Recent Charge(s): _____

Range of Sentence (minimum to maximum date): _____

Approximate date of next appearance before the Parole Board or in Court (if applicable): _____

Date of Most Recent Incarceration: _____ Expected Release Date: _____

Will you be released under supervision? (please circle all that apply)

- Yes – Probation** **Yes – Parole** **Yes - SORB** **No Supervision** **I don't know**

Section III: Relation to Lowell or Lawrence

Please circle the community you plan to live in upon release: *Lowell* *Lawrence*

Other, please specify: _____

What ties/connections do you have in this community? _____

Do you have somewhere to live when you get out? _____

Have you ever lived in or near Lowell or Lawrence MA in the past? **YES** or **NO**

If yes, please share the details of up to two instances when you lived there.

For example—Lowell, 1999-2003 & Lawrence, 2003-2008: _____

Have you ever worked in or near Lowell or Lawrence MA? **YES** or **NO**

If yes, please share the details of up to two instances when you worked there.

For example—Market Basket, Lowell 2007-2008: _____

Section IV: Additional Questions

In this section, please circle the responses that best represent your situation and experience.

Were you ever homeless?	Yes	No
Are you a Veteran of the U.S. Armed Forces?	Yes	No
Do you have concerns securing stable housing upon release?	Yes	No
Do you have a job set in place after release?	Yes	No
Were you ever employed for more than 3 months?	Yes	No
Do you think you have or may have a substance abuse issue?	Yes	No
Do you have any concerns with your mental health?	Yes	No
Have you ever been diagnosed with a mental illness?	Yes	No
Have you ever been prescribed medication for mental illness?	Yes	No
Have you ever been hospitalized due to mental illness?	Yes	No
Do you have a learning disability?	Yes	No
Do you have a history of a head injury?	Yes	No
Did you need medical assistance due to your head injury?	Yes	No
Do you have a chronic physical illness?	Yes	No
Do you have a social network in the community? <i>Friends, family, social group, church/faith community, etc.</i>	Yes	No

Is there someone who you will be staying with after release?	Yes	No
How often are you in contact with your family?	Once a week or more Once a month Less than once a month Do not have contact	
How often are you in contact with your friends?	Once a week or more Once a month Less than once a month Do not have contact	
Are you in a relationship or married?	Yes No Getting divorced	
If in a relationship or married, how often are you in contact with your significant other?	Once a week or more Once a month Less than once a month Do not have contact	
Are you a parent?	Yes	No
If yes, what are your child(ren)'s ages?	_____	
How often are you in contact with your child(ren)?	Once a week or more Once a month Less than once a month Do not have contact	
Are there others in your social support network?	Yes	No
If Yes, who?	_____	
Who, if anyone, do you talk to when something good happens? (please list first names or initials)	_____	
Who, if anyone, do you talk to when something bad happens? (please list first names or initials)	_____	
Who, if anyone, do you talk to when you are faced with a challenge or difficult decision? (please list first names or initials)	_____	
Have you done things for yourself to improve your situation since your incarceration?	Yes	No
Can you think of any short-term goals 30 days upon release that you would like to achieve?	Yes	No
Do you have any long-term goals and ideas on how you would like to achieve them?	Yes	No
Have you returned to community from prison/jail in the past?	Yes	No

Section V: Short Answer Questions

Answer the following two questions on a **separate piece of paper**. Please respond thoughtfully and with as much detail as you feel comfortable providing.

- 1) Who has been affected by your choices/actions and in what ways have they been impacted?
- 2) How do you think a Circle of Support and Accountability will benefit you, and why is this important to you?

Section VI: Confirmation of Understanding

By signing below...

- I agree that the information shared in this application is **accurate and true**.
- I understand COSA participation is **voluntary**.
- I understand that if I am selected to be matched with a COSA, I will be asked to make a minimum commitment of **one-year** to my circle.
- I understand that this application is the **first step** toward applying for a COSA.
- I understand that THRIVE's capacity is limited and that this application does not guarantee me a Circle of Support and Accountability.**

Applicant's Signature: _____

Date: _____

Please send completed applications via e-mail or mail to:

E-mail Address: Apply@ThriveMA.org
Subject Line: **COSA Application, Expected Release Date: mm/dd/yy**
Mailing Address: **THRIVE Communities**
 P.O. Box 855
 Lowell, MA 01853