



**THRIVE**  
COMMUNITIES

175 Cabot St.  
Suite 100 - EforAll  
Lowell MA 01854  
978-483-0211  
[www.ThriveMA.org](http://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 12 months. This team is supported by a Reentry Coach (THRIVE staff member). 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 colleagues and incarcerated people seeking reentry support. THRIVE seeks applicants who are **adults (25+)** with **limited social supports** returning from jail or prison to **Lowell or Lawrence**, 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 before release 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 projects 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 me with any questions you have regarding CoSA, about openings available during your reentry timeline, or general eligibility. Contact our staff via phone (978-483-0211) or e-mail ([apply@thriveMA.org](mailto:apply@thriveMA.org)).

Sincerely,

Kim Yeasir, Chief Empowerment Officer



# THRIVE COMMUNITIES

Restorative Reentry • Community Building • Constituent Leadership

# CALL *for* APPLICANTS

## RESTORATIVE REENTRY PROJECT:

*Circles of Support and Accountability (CoSA)*

**Are you a  
returning  
person**

- **Over 25 years old?**
- **Being released within a year from jail or prison?**
- **Planning to return to Lowell or Lawrence, MA?**
- **Concerned about facing the challenges of reentry alone?**
- **Seeking opportunities for healing and reconciliation?**

*If this sounds like you, please consider contacting Thrive Communities for more information regarding our pilot initiative: Circle of Support and Accountability.*

**We welcome all applications regardless of offending history and gender.**

*Capacity for CoSA is limited, so please contact us today.*

**[Apply@ThriveMA.org](mailto:Apply@ThriveMA.org) • 978.483.0211**

**THRIVEMA.ORG**

# What is a COSA?

A COSA is a **Circle of Support and Accountability.**

## Who is on the team?

The team includes you (Core Member), three community volunteers, and a reentry coach.

## What does the team do?

The team walks with you through the challenges and successes of reentering a community. Each week, everyone meets in a Circle for about one hour to share and support each other as well as work through the difficult moments. Volunteers will also meet with you outside of the circle meeting: for coffee, a shopping trip, to go to a job interview, etc.

## Why should I participate in COSA?

COSA has been shown to be very effective in helping people stay out of jail/prison, think through difficult decisions, and achieve personal goals. Everyone on the COSA team will support you in building a positive life.

## If I join COSA, what am I committing to?

You are agreeing to work with your team for at least one year. You are agreeing to live in a way that doesn't hurt people and honors the commitments that you make with your team. You are committing to be honest with your team about your struggles and challenges.

## Why do people volunteer for COSA?

Each volunteer is different, but all team members agree that they want to live in a community that is welcoming and safe for all people, including those returning from incarceration.

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Participant ID: \_\_\_\_\_

**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*

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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*

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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 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**

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
Have you ever been diagnosed with a mental illness?	Yes	No
Have you ever been prescribed medication for mental illness?	Yes	No
Do you currently take 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*

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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? In what ways have they been impacted?
- 2) How do you think a CoSA team will benefit you, and why is that important to you?

*Section VI: Confirmation of Understanding*

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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 Team, I will be asked to make a **one-year commitment** to my team from the date of my release.
- 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 assignment to a COSA Team.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

*E-mail Address:*            [Apply@ThriveMA.org](mailto:Apply@ThriveMA.org)  
*Subject Line:*            **COSA Application, Expected Release Date: mm/dd/yy**  
*Mailing Address:*        **THRIVE Communities**  
                                     **175 Cabot Street, Suite 100 (EforAll)**  
                                     **Lowell, MA 01854**