



THRIVE
COMMUNITIES

175 Cabot St.
Suite 100 - EforAll
Lowell MA 01854
617-642-4553
www.ThriveMA.org

To Returning Citizens/Neighbors and Colleagues involved in Corrections and Reentry 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 at least one year. This team supported by a THRIVE staff member (Reentry Coach). 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 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** with the greatest need for social support. During this third year of service (2019), THRIVE plans to match eight - ten Core Members with a COSA Team. 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, the more time we have to prepare, the better. **THRIVE is seeking individuals reentering society August – December 2019. THRIVE also welcomes applications from individuals preparing to return to community any time in 2020.**

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 about CoSA, about openings available during your reentry timeline, or general eligibility. Please contact me via phone (617-642-4553) or e-mail ([kimyeasir@thriveMA.org](mailto:kimy easir@thriveMA.org)).

Sincerely,

Kim Yeasir, Chief Empowerment Officer



Restorative Reentry • Community Building • Leadership Development

CALL *for* VOLUNTEERS

PILOT RESTORATIVE REENTRY PROJECT:

Circles of Support and Accountability (CoSA)

Are you a Community member:

- Over 18 years old, living in Lowell or Lawrence, MA?
- Interested in supporting adults returning to your community from jail or prison?
- Motivated to empower returning citizens to successfully and sustainably stay in the community?
- Seeking opportunities to bring healing to communities and individuals impacted by crime and incarceration?

If this resonates with you, please consider joining the THRIVE community by applying to become a COSA volunteer.

We welcome volunteers from all walks of life, no experience necessary!

Regardless of if you are a professional in a related field, someone who has personally experienced reentry, or simply a concerned community member, THRIVE wants to hear from you! Contact THRIVE today for more information: volunteer@thriveMA.org • 617.642.4553

THRIVEMA.ORG

What is a COSA?

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

Who is on the team?

The team includes three community volunteers (this could be you), a Core Member (returning citizen), and a reentry coach (THRIVE staff).

What does the team do?

The team walks with a Core Member through the challenges and successes of reentering to community from jail or prison. 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 also meet with a Core Member outside of the circle meeting: for coffee, a shopping trip, to go to a job interview, etc.

Why do Core Members participate in COSA?

COSA is completely voluntary and has been shown to be very effective in helping people stay out of jail, think through difficult decisions, and achieve personal goals. Core Members often find value in the friendships formed through COSA and the support team members offer toward building a positive life.

If I join COSA, what am I committing to?

You are agreeing to serve on a COSA team for **at least one year**, pledging

roughly **one to three hours** of your time per week. You are committing to support a returning citizen through his or her struggles and challenges. You will help this Core Member uphold reentry requirements and achieve their own goals while providing a space for supportive forms of accountability.

Why should I participate in COSA?

Some individuals volunteer out of an interest in addressing issues of incarceration, economic disadvantage, power, and privilege within their community. Others join seeking social change, a place for restorative justice, or healing. Still others are committed to crime reduction and no more victims. 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 prison.

Imagine changing the paradigm from *coexisting* with people who have been incarcerated and may recidivate, to one that **encourages connection** with returning citizens and **builds resilience** within the community as we learn to **THRIVE together**.



THRIVE
COMMUNITIES

Restorative Reentry
Community Building
Leadership Development

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: _____

Section II: Criminal History

Current 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

Please List All Previous Conviction(s): _____

If you need additional space or want to share more information regarding past or present convictions, please do so on a separate piece of paper and submit it with your application.

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 of the towns you lived in.

1) Name of Town: _____

Dates lived in the town (e.g. 2000-2010): _____

2) Name of Town: _____

Dates lived in the town (e.g. 2000-2010): _____

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

If yes, please share the details of up to two employers.

1) Name of Town: _____

Workplace: _____ Job Title: _____

Dates of employment (e.g. 2000-2010): _____

2) Name of Town: _____

Workplace: _____ Job Title: _____

Dates of employment (e.g. 2000-2010): _____

Are you working with or applying for any other programs/services?**YES or NO***If yes, list the name of each program and the status of your application:*

- | | | | |
|------------------------|-------------|---------|----------|
| 1) Program Name: _____ | considering | applied | accepted |
| 2) Program Name: _____ | considering | applied | accepted |
| 3) Program Name: _____ | considering | applied | accepted |

*Section IV: Additional Questions***In this section, please circle the responses that best represent your situation and experience.**

Were you ever homeless?	Yes	No
Have you ever served in the military?	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
Do you have 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?	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?	Social Supports: _____ _____
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)	_____

Section V: Short Answer Questions

Answer the following seven 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) What have you yourself done to improve your situation since you have been incarcerated?
- 3) What are your short-term goals for the first 30 days after you are released?
- 4) What are your long-term goals, and how do you plan to achieve them?

(questions continue on the next page)

- 5) Have you returned to community from jail/prison in the past? YES or NO
- a. If yes, what did you do well the last time you returned to the community?
 - b. What did not go well last time?
 - c. Why do you think this time will be different?
- 6) What do you need to be successful?
- 7) How do you think a CoSA team will benefit you, and why is that 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 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: kimyeasir@ThriveMA.org
Subject Line: **COSA Application, Expected Release Date: xx/xx/xx**

Mailing Address: **THRIVE Communities
175 Cabot Street
Suite 100 (EforAll)
Lowell, MA 01854**

*This application was developed by members of the Community Justice Network of Vermont
and adapted in 2016 for THRIVE Communities of Massachusetts.*