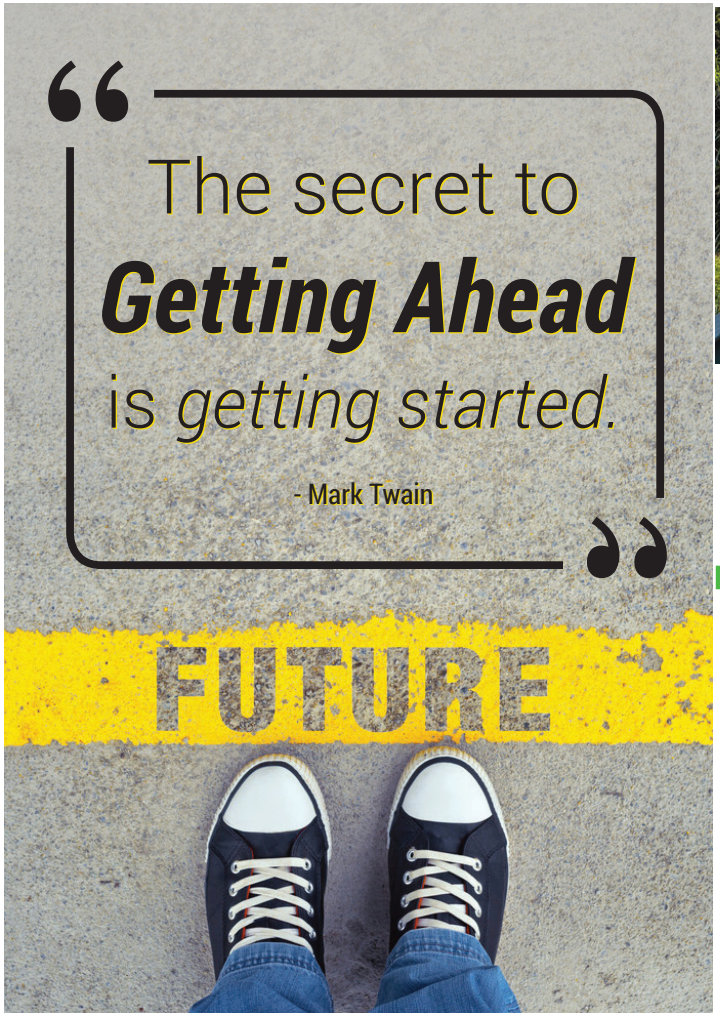


Commit to changing *YOUR* future.

Commit to **GETTING AHEAD**.

START NOW

APPLY TODAY!

Covenant Community
Development Corporation
ccdclafayette.org
info@ccdclafayette.org



Building Bridges

Bringing together people desiring to get ahead with people who can help!

OUR MISSION

"Inspire individuals to write a new story for the next chapter of their life."

If you've spent part of your life—or most of your life—struggling to get by in the world, the idea of actually getting ahead might seem out of reach. But even if your story has been filled with barriers, vanishing opportunities, and setbacks, the next chapter can change all that. Yes, you have to write it, but you don't have to do it alone.

11 Resources

Personalize your plan to a better life during a 16 week course utilizing these key resources:

- Financial
- Emotional
- Language
- Mental / Cognitive
- Social Capital (Connections)
- Physical
- Spiritual
- Motivation / Persistence
- Integrity / Trust
- Relationships / Role Models
- Knowledge of the 'Hidden' Rules



WHERE TO START



YOUR JOURNEY BEGINS

*Commit to making a change. **YOU** can be the difference in your life. Let the journey to your new future begin!*

Find out if this opportunity is right for you!

- Identify Your Strengths
- Share Your Experience
- Learn from Others
- Take Responsibility in the Program
- 'Get Ahead' in today's world!

START TODAY! Call Today (765) 474-4842 and ask for Ronda or email info@ccdclafayette.org

Covenant Community Development Corporation

APPLICATION

☐ I understand that I'm applying for a 16 week course

Name: _____ Date of birth: _____

Spouse name: _____

Address: _____

_____

Phone (cell): _____ Home: _____

Email: _____

Please list names of ALL adults in household:

_____ _____

_____ _____

Please list the children in household:

Name_____ Age _____ Name_____ Age _____

Name_____ Age _____ Name_____ Age _____

Name_____ Age _____ Name_____ Age _____

Do your children live with you? Y ◯ N ◯ If not, where do they live? _____

Do you have visitation rights? Y ◉ N ◯ Are there other children in the household? Y ◯ N ◯

REFERRAL

I was referred to *Getting Ahead class* by: _____

Phone: _____ (This person may be contacted to discuss your situation.)

EMPLPOYMENT

Place of employment:

_____

Job title: _____ Length of employment:_____

EDUCATION

Highest grade completed (Check) ◯ 1–6 ◯ 7–8 ◯ 9 ◯ 10 ◯ 11 ◯ 12 ◯ Assoc ◯ BA/BS ◯ Master's

Currently enrolled in (education program):

_____

Date enrolled: _____ Anticipated completion date: _____

INCOME

Please indicate income received each month:

Wages:_____TANF:_____SSI:_____Unemployment:_____Child Support:_____ Other: _____

Total monthly income from all sources $_____

TRANSPORTATION

Do you have a working vehicle? Y ◯ N ◯ OR Are you on a bus route? Y ◯ N ◯

Other:

_____

CURRENT SERVICE AGENCIES

Please check the agencies you are currently working with:

☐	Head Start
☐	Energy assistance
☐	Food stamps/SNAP/WIC
☐	Free/reduced school lunches
☐	Academic financial aid
☐	TANF
☐	Salvation Army, Trinity Mission, St. Toms, and Area IV
☐	Vocational rehab
☐	Adult education (GED)
☐	Drug court
☐	Celebrate Recovery, AA, or similar group
☐	Other:

Place a check next to the areas where you are experiencing difficulties:

☐ Employment	☐ Isolation	☐ Parenting
☐ Transportation	☐ Housing	☐ Legal
☐ Training/education	☐ Alcohol/drugs	☐ Healthcare costs
☐ Budgeting	☐ Dental/vision	☐ Boundaries

☐ Other: _____

I certify that the following are true (check):

☐ I am not in a major crisis (untreated mental illness or drug/alcohol addiction, domestic violence situation, homeless); I am fairly stable. (You can explain this further in the interview.)

☐ I give permission for CCDC staff to talk to referring source about participant's life situation, strengths, and barriers

☐ I am willing to participate in an interview with CCDC staff. It is my responsibility to arrange childcare during the interview.

☐ **I am willing to commit to a 16 week** of "Kitchen Table" sessions. (Approx. 2.5 hours one night per week, childcare, dinner and gift card provided)

PHOTO/VIDEO RELEASE

If you are selected as one of our participants/Investigators, do you authorize CCDC staff to use pictures and videos of yourself and your children for promotion and inspiration to others? **Y** ◯ **N** ◯

NOTE

☐ ***We will be serving a meal. If you have any food allergies, it is your responsibility to ask about ingredients. We are not responsible for any allergy or medical reaction you may have.***

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 the Getting Ahead initiative and track progress toward goals.

Signature: _____ *Date:* _____

This is an application for the Getting Ahead group; it *does not* guarantee you will be accepted. You will be contacted for an interview soon. If your contact number changes after you have submitted this application, you are responsible for informing the CCDC as soon as possible.

Thank you!

Please mail, email, or deliver to:

CCDC
3600 South 9th Street
Lafayette, IN 47909 info@ccdclafayette.org