



Circle Leader Referral Form

Date

Participant's Name:

Participant's Address:

Participant's Phone Number(s):

Referral Source Agency:

Referral Source Contact Name:

Referral Source Contact Phone #:

How many in the household?

Participant meets the following criteria (check all that apply):

Is below 185% of the federal poverty guidelines and receives public assistance

Does not receive disability assistance or wants to discontinue disability assistance

Is not in major crisis (untreated mental illness or drug/alcohol addiction, domestic violence situation, homeless); major crises have been stabilized

Participant has given permission for Circles® staff to talk to referring source about participant's life situation, strengths and barriers.

Is willing to work with others to become self-sufficient; i.e., independent of public assistance

Brief description of current strengths/barriers: _____

Note: Potential Circle Leaders must also complete and submit an application.

**Please mail to: Bridges Alliance
P.O. Box 147
Whiteland, IN 46184**

or e-mail to: Bridgesalliancejc@gmail.com

Circle Leader – Individuals and families looking to move out of poverty; an individual who has completed Circle Leader training (getting ahead), and who may be ready to share his or her story to support systemic changes within the Circles community.