

Staying Ahead Network



AGENCY/CHURCH PARTNERS

When offering Getting Ahead classes to people in poverty, a promise is also made that the sponsor and the community will provide long-term support while graduates are building resources and transition out of poverty. One Body Collaboratives, through its Resource Coordination Center will provide ongoing support for graduates of the program, in addition to building our **Staying Ahead Network** of community support.

By signing up to be a part of our Staying Ahead Network, your agency/church is agreeing to provide resources and/or assistance as needed to our Getting Ahead Graduates. Please complete the form below and list each program that your agency/church offers, along with the appropriate contact information for the case manager/program manager.

The area(s) of programs/resources that we provide include:

- | | |
|---|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Employment/Training | <input type="checkbox"/> Healthcare Services |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Parenting/Family Counseling |
| <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Financial Planning/Budgeting | _____ |

Agency/Church Name: _____

Primary Contact: _____

Primary Contact Phone: _____

Primary Contact Email: _____

Please complete for each program that you can offer to our Getting Ahead Graduates:

Program Name: _____

Program Contact: _____

Program Contact Phone: _____

Program Contact Email: _____

Program Address: _____

Program Eligibility: _____

Program Days/Hours: _____

Program Name: _____

Program Contact: _____

Program Contact Phone: _____

Program Contact Email: _____

Program Address: _____

Program Eligibility: _____

Program Days/Hours: _____

Program Name: _____

Program Contact: _____

Program Contact Phone: _____

Program Contact Email: _____

Program Address: _____

Program Eligibility: _____

Program Days/Hours: _____

Email completed form to: Mary.Cacioppi@OneBodyCollaboratives.org