

# DYCD Summer Rising Supplemental Enrollment Form

This form must be hand-delivered to the provider, do not email. This form is for participants who were accepted into the Summer Rising program through the centralized enrollment portal.

## Student Information

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ OSIS # (DOE Students Only): \_\_\_\_\_

## Emergency Consents and Signatures

### Consent for Emergency Medical Treatment

My child is enrolled as a participant in a DYCD-funded program. In the event of a medical emergency, I hereby give consent for necessary emergency medical treatment for my child to be obtained, with the understanding that I will be notified as soon as possible. I understand that every effort will be made to contact me, or, if I am unavailable, the emergency contact(s) listed, before and after medical care is provided.

☐ Yes, I give my permission

☐ No, I do not give permission

Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Pick-up/Dismissal Information

My child has permission to travel home alone at dismissal

☐ Yes

☐ No

Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency contacts authorized to pick up the child unless otherwise noted

The following additional people are authorized to pick up my child:

Name	Phone	Relationship

The following people **MAY NOT** pick up my child (please write clearly):

Name:	Phone:	Relationship:

## Health Information

Please answer the questions below and provide additional details in the space provided. Please attach additional pages if you need more space.

- Does the Student have any allergies? (food, medication, etc.) ☐ No ☐ Yes
- Does the Student have asthma? ☐ No ☐ Yes
- Does the Student have special health care needs? ☐ No ☐ Yes
- Does the Student take medication for any condition or illness? ☐ No ☐ Yes
- Are there activities the Student cannot participate in? ☐ No ☐ Yes
- Please provide any additional health information details: ☐ NA
- Please list any accommodation(s) you are requesting for yourself/the Student: ☐ NA

---

---

---

---

## Student's Health Insurance Status

**Does the Student have health insurance?** (Select One): ☐ Yes ☐ No ☐ Decline to Answer

**If yes, what kind of health insurance does the Student have?** (Check all that Apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Medicaid             | <input type="checkbox"/> Medicare          | <input type="checkbox"/> State Children's Health Insurance Program    |
| <input type="checkbox"/> Employment-Based     | <input type="checkbox"/> Direct-Purchase   | <input type="checkbox"/> State Children's Health Insurance for Adults |
| <input type="checkbox"/> Military Health Care | <input type="checkbox"/> Decline to Answer |   |

**If you do not have health insurance, do you want to be contacted by someone else with information about signing up for public health insurance?** (Select One):

- ☐ Yes ☐ No ☐ Decline to Answer

**If you would like to be contacted about signing up for public health insurance, what is your preferred method of contact?** (Select One):

- ☐ Email ☐ Phone ☐ US Mail ☐ Via provider ☐ Decline to Answer

Is the Student an Offender/Justice Involved? ☐ Yes ☐ No

Is the Student a Runaway Youth? ☐ Yes ☐ No

## Household Information

For all the next set of questions, **HOUSEHOLD** is defined as any individual or group of individuals (family or non-family members) who are living together as one economic unit. **INCOME** is defined as the total annual gross income of all family and non-family members 18+years old living within the household.

**The Student lives in a household that is headed by** (Select One):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Single Parent - Female           | <input type="checkbox"/> Two Adults – No Children    | <input type="checkbox"/> Single Parent - Male        |
| <input type="checkbox"/> Two Parent Household             | <input type="checkbox"/> Single Person - No children | <input type="checkbox"/> Multigenerational Household |
| <input type="checkbox"/> Non-related adults with children | <input type="checkbox"/> Other: _____                |  |

**Student's Housing Type** (Select One):

- ☐ Own ☐ Rent ☐ NYCHA ☐ Shelter ☐ Homeless ☐ Other Permanent Housing  
☐ Other: \_\_\_\_\_

**Student's Household Size** (Select One):

- |                               |                              |                                    |                                   |                                   |   |                                  |                                  |
|-------------------------------|------------------------------|------------------------------------|-----------------------------------|-----------------------------------|---|----------------------------------|----------------------------------|
| <input type="checkbox"/> One  | <input type="checkbox"/> Two | <input type="checkbox"/> Three     | <input type="checkbox"/> Four     | <input type="checkbox"/> Five     | <input type="checkbox"/> Six            | <input type="checkbox"/> Seven   | <input type="checkbox"/> Eight   |
| <input type="checkbox"/> Nine | <input type="checkbox"/> Ten | <input type="checkbox"/> Eleven    | <input type="checkbox"/> Twelve   | <input type="checkbox"/> Thirteen | <input type="checkbox"/> Fourteen       | <input type="checkbox"/> Fifteen | <input type="checkbox"/> Sixteen |
|                               |                              | <input type="checkbox"/> Seventeen | <input type="checkbox"/> Eighteen | <input type="checkbox"/> Nineteen | <input type="checkbox"/> Twenty or more |                                  |                                  |

**Total Household Income in the last 12 Months** (Select One):

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> \$0                  | <input type="checkbox"/> \$1 to \$12,060      | <input type="checkbox"/> \$12,061 to \$16,240  | <input type="checkbox"/> \$16,241 to \$20,420 |
| <input type="checkbox"/> \$20,421 to \$24,600 | <input type="checkbox"/> \$24,601 to \$28,780 | <input type="checkbox"/> \$28,781 to \$32,960  | <input type="checkbox"/> \$32,961 to \$37,140 |
| <input type="checkbox"/> \$37,141 to \$41,320 | <input type="checkbox"/> \$41,321 to \$50,000 | <input type="checkbox"/> \$50,001 to \$60,000  | <input type="checkbox"/> \$60,001 to \$70,000 |
| <input type="checkbox"/> \$70,001 to \$80,000 | <input type="checkbox"/> \$80,001 to \$90,000 | <input type="checkbox"/> \$90,001 to \$100,000 | <input type="checkbox"/> \$100,000+           |
| <input type="checkbox"/> Decline to Answer    |   |  |   |

**Sources of Student's Household Income** (Select all that Apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Affordable Care Act Subsidy                      | <input type="checkbox"/> Alimony or other Spousal Support            | <input type="checkbox"/> Child Support                                  |
| <input type="checkbox"/> Childcare Voucher                                | <input type="checkbox"/> Earned Income Tax Credit (EITC)             | <input type="checkbox"/> Employment Tax Credit                          |
| <input type="checkbox"/> Employment Wages                                 | <input type="checkbox"/> General Assistance                          | <input type="checkbox"/> Housing Choice Voucher                         |
| <input type="checkbox"/> HUD-VASH   | <input type="checkbox"/> LIEHEAP                                     | <input type="checkbox"/> Pension  |
| <input type="checkbox"/> Permanent Supportive Housing                     | <input type="checkbox"/> Private Disability Insurance                | <input type="checkbox"/> Public Housing                                 |
| <input type="checkbox"/> Safety Net/Home Relief                           | <input type="checkbox"/> Social Security Disability Income (SSDI)    | <input type="checkbox"/> Retirement Income from Social Security         |
| <input type="checkbox"/> Supplemental Security Income                     | <input type="checkbox"/> Supplemental Security Income (SSI)          | <input type="checkbox"/> Worker's Compensation                          |
| <input type="checkbox"/> Unemployment Insurance                           | <input type="checkbox"/> VA Non-Service Connected Disability Pension | <input type="checkbox"/> VA Service-Connected Disability Compensation   |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |  | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> WIC  | <input type="checkbox"/> Other: _____                                | <input type="checkbox"/> Decline to Answer                              |

## ***Consent for Photography/Videotaping and Use of Original Work***

As a participant enrolled in a DYCD-funded program, please be aware that from time to time DYCD and the City of New York, its contracted providers, authorized agents, third-party organizations with which it collaborates, or other government, representatives (collectively, "Authorized Parties") may be present during program activities and special events associated with program services, both at the usual program location and at off-site events. In some cases, they may photograph, videotape, interview or otherwise record participants and their families and friends in these programs. The resulting images, videos, and interviews may be used, with or without the participant's name, in printed and electronic media such as brochures, books, print and email newsletters, DVDs and videos, websites, social media and blogs (collectively, "Media").

I hereby authorize and permit the Authorized Parties, without compensation and without further approval, to photograph and/or record my and my child's image, name, likeness, and the sound of my and my child's voice during DYCD-funded program activities and special events, and I hereby consent to the resulting images, videos and interviews being used, without compensation and without further approval by the Authorized Parties solely for non-profit, non-commercial purposes in any and all Media.

☐ **Yes**

☐ **No**

If in the course of participating in DYCD-funded program activities and special events, any original work such as art, music, choreography, poetry, or prose (collectively, "Original Work") is created by me or my child, I hereby consent to such Original Work being used by the Authorized Parties, without compensation and without further approval, solely for non-profit, non-commercial purposes in any and all Media.

☐ **Yes**

☐ **No**

Full Name of Student: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***Consent to Make Referrals and Share Information***

The New York City Department of Youth and Community (DYCD) invests in programs and services to help our communities and the people who live here. We want to make sure you know about them and make it easy for you to apply.

### **Why we need your permission**

#### ***With it, we can:***

- send you information about DYCD-funded programs and services you can apply for, and
- *share information from your DYCD Participant Application each time you apply.*

#### ***What we share***

We'll only give information to show you qualify or help you enroll in DYCD-funded programs.

#### ***Who sees your information and how we protect it***

Only authorized DYCD and funded program staff can see it. We don't share it with others except to:

- decide if you're eligible for services,
- enroll you in programs and services, and
- track the results of the services you receive

### **Please read below, check one of the boxes, and fill in the rest.**

I understand why DYCD needs my consent to:

- send me information about programs and services I can apply for,
- refer me to DYCD-funded programs, and/or
- share information from my DYCD Participant Application with the programs I apply for

☐ **Yes, I give my permission**

☐ **No, I do not give my permission**

Full Name of Student (please print): \_\_\_\_\_

Signature of Student (or Parent/Guardian for participants under 18 years old): \_\_\_\_\_

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