

CSBG Universal Application, Ages 14+

Welcome to DYCD! The following form will allow you or your child to apply to a DYCD program. One application will be accepted per person per site. Submission of an application does not guarantee eligibility or enrollment in the program. Further paperwork and information may be required to determine program eligibility. If accepted, program will be at no cost to the participant. The following application items are collected for informational and program planning purposes only: *Gender, Race, Ethnicity, Language, Population Type, and Health Insurance Status*. Responses to these questions will not impact your status in receiving benefits or services and will not be shared without applicant's permission outside of DYCD. *Income, Household Information, and Education/Work Status* will only impact eligibility for select programs.

Part I: Applicant Information

For the purposes of this application, *applicant* refers to the person applying to receive services. Please select one:

☐ I am completing this application for myself ☐ I am a parent or guardian completing this application for my child ☐ I am a relative/non-relative, completing this application on behalf of the applicant

Applicant's First Name:		Applicant's Last Name:		MI:	Applicant's Date of Birth (MM/DD/YEAR):
Applicant's Primary Address (<i>Number and Street</i>):					Applicant's Apt. Number:
Applicant's City:				Zip Code:	
Applicant's Sex at Birth (Select One): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X (not male or female) <input type="checkbox"/> Not Sure		Applicant's Gender Identity (Select all that Apply): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary (not Female or Male) <input type="checkbox"/> Gender Nonconforming <input type="checkbox"/> Two Spirit (Native American/First Nations) <input type="checkbox"/> Another Gender: _____ <input type="checkbox"/> Not Sure <input type="checkbox"/> Do not understand the question <input type="checkbox"/> Decline to Answer		Does the applicant identify as transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Do not understand the question <input type="checkbox"/> Decline to Answer	
Applicant's Gender Pronoun: <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Another Pronoun: _____ <input type="checkbox"/> Decline to Answer			Applicant's Sexual Orientation <input type="checkbox"/> Heterosexual (straight) <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Asexual <input type="checkbox"/> Queer <input type="checkbox"/> Questioning <input type="checkbox"/> Not Sure <input type="checkbox"/> Another Sexual Orientation: _____ <input type="checkbox"/> Decline to Answer		

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Applicant's Race (Select all that Apply): <input type="checkbox"/> American Indian and Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African- American <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other: _____		Applicant's Ethnicity (Select One): <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latinx																																					
How well does the applicant speak English? (Select One): <input type="checkbox"/> Fluent/Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not well at all	Applicant's Primary Language (Select One): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> Albanian</td> <td><input type="checkbox"/> Arabic</td> </tr> <tr> <td><input type="checkbox"/> Bengali</td> <td><input type="checkbox"/> Chinese*</td> <td><input type="checkbox"/> French</td> </tr> <tr> <td><input type="checkbox"/> Fulani</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Gujarati</td> </tr> <tr> <td><input type="checkbox"/> Haitian Creole</td> <td><input type="checkbox"/> Hebrew</td> <td><input type="checkbox"/> Hindi</td> </tr> <tr> <td><input type="checkbox"/> Hungarian</td> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Japanese</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Kru, Ibo, or Yoruba</td> <td><input type="checkbox"/> Mande</td> </tr> <tr> <td><input type="checkbox"/> Punjabi</td> <td><input type="checkbox"/> Persian</td> <td><input type="checkbox"/> Polish</td> </tr> <tr> <td><input type="checkbox"/> Portuguese</td> <td><input type="checkbox"/> Romanian</td> <td><input type="checkbox"/> Russian</td> </tr> <tr> <td><input type="checkbox"/> Spanish</td> <td><input type="checkbox"/> Tagalog</td> <td><input type="checkbox"/> Turkish</td> </tr> <tr> <td><input type="checkbox"/> Urdu</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Yiddish</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table> <p style="text-align: right; font-size: small; margin-top: 5px;">*including Cantonese and Mandarin</p>			<input type="checkbox"/> English	<input type="checkbox"/> Albanian	<input type="checkbox"/> Arabic	<input type="checkbox"/> Bengali	<input type="checkbox"/> Chinese*	<input type="checkbox"/> French	<input type="checkbox"/> Fulani	<input type="checkbox"/> German	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Hindi	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Kru, Ibo, or Yoruba	<input type="checkbox"/> Mande	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Persian	<input type="checkbox"/> Polish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Romanian	<input type="checkbox"/> Russian	<input type="checkbox"/> Spanish	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Turkish	<input type="checkbox"/> Urdu	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Yiddish	<input type="checkbox"/> Other: _____					
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Is the applicant any of the following: <table style="width: 100%; border: none;"> <tr> <td>An Individual with a Disability?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer</td> </tr> <tr> <td>Parent/Legal Guardian?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Offender/Justice Involved?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Foster Care Participant?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Runaway Youth?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Veteran?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Active Military Personnel?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>		An Individual with a Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer	Parent/Legal Guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Offender/Justice Involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Care Participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Runaway Youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Active Military Personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the applicant is an individual with a disability, please select disability type(s) (Select all that Apply): <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Hearing-related <input type="checkbox"/> Learning disability <input type="checkbox"/> Mental or Psychiatric <input type="checkbox"/> Physical/Chronic Health Condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Vision-related <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to Answer																							
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Part II: Applicant's (or Parent/Guardian's) Contact Information

<input type="checkbox"/> Contact information below is for the applicant		<input type="checkbox"/> Contact information below is for the parent/guardian	
Phone Number #1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number #2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Email Address: <input type="checkbox"/> No email address		Preferred Method of Contact: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail	

Part III: Emergency Contact Information

Emergency Contact Name: <input type="checkbox"/> No email address	Emergency Contact Primary Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Emergency Contact Email Address: <input type="checkbox"/> No email address	Emergency Contact's Relationship to Applicant: <input type="checkbox"/> Emergency contact is parent/guardian of applicant

Part IV: Applicant's Education/Work Status

Applicant's School Type (Select One): <input type="checkbox"/> Full-Time Student** <input type="checkbox"/> Part-Time Student** <input type="checkbox"/> Not in School***	**If applicant is a Part-Time Student or Full-Time Student: Please select applicant's current grade (Select One): ***If applicant is Not in School: Please select the last grade completed by the applicant (Select One):							
	Elementary School	<input type="checkbox"/> Pre-K	<input type="checkbox"/> K	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd	<input type="checkbox"/> 4 th	<input type="checkbox"/> 5 th
	Middle School	<input type="checkbox"/> 6 th	<input type="checkbox"/> 7 th	<input type="checkbox"/> 8 th				
	High School	<input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th	<input type="checkbox"/> 11 th	<input type="checkbox"/> 12 th	<input type="checkbox"/> Obtained High School Diploma	<input type="checkbox"/> Obtained High School Equivalency	
	Community College	<input type="checkbox"/> 1 st year	<input type="checkbox"/> 2 nd year	<input type="checkbox"/> 3 rd year	<input type="checkbox"/> 4 th year+	<input type="checkbox"/> Obtained Associate's Degree		
	Vocational/Trade School	<input type="checkbox"/> Some Vocational or Trade School credits, but no certificate or degree attained <input type="checkbox"/> Obtained a certificate or degree from a Vocational or Trade school						
	4-Year College/University	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Obtained Bachelor's Degree		
	Master's Degree:	<input type="checkbox"/> Some Master's Degree credits, but no degree attained <input type="checkbox"/> Obtained Master's Degree						
	Professional Degree	<input type="checkbox"/> Some Professional Degree credits (e.g. MD, DDS, DVM, LLB, JD), but no degree attained <input type="checkbox"/> Obtained Professional Degree (e.g. MD, DDS, DVM, LLB, JD)						
	Doctorate Degree:	<input type="checkbox"/> Some Doctorate degree credits, but no degree attained <input type="checkbox"/> Obtained Doctorate Degree						
	Other	<input type="checkbox"/> Obtained Foreign Degree			<input type="checkbox"/> No formal schooling attained			
					<input type="checkbox"/> Obtained IEP Diploma			

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Applicant's current work status (Select One):	<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Retired
	<input type="checkbox"/> Unemployed (Short-Term, 6 months or less)	<input type="checkbox"/> Unemployed (Long-term, more than 6 months)	<input type="checkbox"/> Unemployed (Not in labor force)
	<input type="checkbox"/> Migrant Seasonal Farm Worker	<input type="checkbox"/> Not applicable (applicant is under 14 years of age)	

Part V: 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 applicant 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 Person - No children <input type="checkbox"/> Single Parent - Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Other: _____		Applicant's Housing Type (Select One): <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> NYCHA <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Other: _____																													
Applicant'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+		Applicant's Household 12-Month Gross Income: \$ _____																													
Sources of Applicant's Household Income: (Select all that Apply): <table border="0"> <tr> <td><input type="checkbox"/> Employment Wages</td> <td><input type="checkbox"/> Affordable Care Act Subsidy</td> <td><input type="checkbox"/> Alimony or other Spousal Support</td> <td><input type="checkbox"/> Child Support</td> <td><input type="checkbox"/> Childcare Voucher</td> <td><input type="checkbox"/> Earned Income Tax Credit (EITC)</td> <td><input type="checkbox"/> Employment Tax Credit</td> </tr> <tr> <td><input type="checkbox"/> General Assistance</td> <td><input type="checkbox"/> Housing Choice Voucher</td> <td><input type="checkbox"/> HUD-VASH</td> <td><input type="checkbox"/> LIEHEAP</td> <td><input type="checkbox"/> Pension</td> <td><input type="checkbox"/> Permanent Supportive Housing</td> <td><input type="checkbox"/> Private Disability Insurance</td> </tr> <tr> <td><input type="checkbox"/> Public Housing</td> <td><input type="checkbox"/> Safety Net/Home Relief</td> <td><input type="checkbox"/> Retirement Income from Social Security</td> <td><input type="checkbox"/> Social Security Disability Income (SSDI)</td> <td><input type="checkbox"/> Supplemental Security Income (SSI)</td> <td><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)</td> <td><input type="checkbox"/> Temporary Assistance for Needy Families (TANF)</td> </tr> <tr> <td><input type="checkbox"/> Unemployment Insurance</td> <td><input type="checkbox"/> VA Non-Service Connected Disability Pension</td> <td><input type="checkbox"/> VA Service-Connected Disability Compensation</td> <td><input type="checkbox"/> WIC</td> <td><input type="checkbox"/> Worker's Compensation</td> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Decline to Answer</td> </tr> </table>				<input type="checkbox"/> Employment Wages	<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"/> 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"/> Retirement Income from Social Security	<input type="checkbox"/> Social Security Disability Income (SSDI)	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<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"/> WIC	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Decline to Answer
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Part VI: Applicant's Health Insurance Status

Does the applicant have health insurance? (Select One): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	If yes, what kind of health insurance does the applicant 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"/> Military Health Care <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment-Based <input type="checkbox"/> State Children's Health Insurance for Adults <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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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): <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> US Mail <input type="checkbox"/> Via provider <input type="checkbox"/> Decline to Answer	

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Part VII: Universal Consents and Signatures

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

I acknowledge that I am 18 years of age or older.

☐ Yes ☐ No

If you are 18 and over:

Full Name of Participant

Signature

Date

If you are under 18 years old:

Full Name of Participant

Parent's/Guardian's Signature

Date

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Consent for Emergency Medical Treatment

FOR ADULT PARTICIPANTS (AGE 18 AND OVER):

I am 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 to be obtained on my behalf. I further authorize the emergency contact listed below to be contacted.

☐ Yes ☐ No

Full Name of Participant

Participant's Signature

Date

In the event of a medical emergency, I designate the following person as an emergency contact:

Name of Emergency Contact

Phone Number

Relationship to Me

FOR PARTICIPANTS WHO ARE MINORS (**UNDER AGE 18**):

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 listed below, before and after medical care is provided.

☐ Yes ☐ No

Full Name of Participant

Parent's/Guardian's Signature

Parent's/Guardian's Phone Number

Date

In the event of a medical emergency, where I cannot be reached, I designate the following person as an emergency contact:

Name of Emergency Contact

Phone Number

Relationship to Me

Relationship to Child (if applicable)

Part VIII: Additional Literacy and Immigrant Services Questions

Applicant's Health Information (OPTIONAL)

*Please answer the questions below and provide additional details in the space provided.
Many needs or health challenges can be accommodated and may not limit enrollment in the program.*

Does the applicant have any allergies? (food, medication, etc.) ☐ Yes ☐ No

If Yes: _____

Does the applicant have asthma? ☐ Yes ☐ No

Does the applicant have special health care needs? ☐ Yes ☐ No

If Yes: _____

Does the applicant take medication for any condition or illness? ☐ Yes ☐ No

If Yes: _____

Are there activities the applicant cannot participate in? ☐ Yes ☐ No

If Yes: _____

Please provide any additional health information details below or ☐ N/A

Please list any accommodation(s) you are requesting for yourself/the applicant below or ☐ N/A

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Applicant's Country of Origin: _____	Does the Applicant Receive ACS Preventative Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to be contacted by someone with information about signing up for free financial education or tax assistance programs? <input type="checkbox"/> Yes <input type="checkbox"/> No How would you like to be contacted about this? <input type="checkbox"/> Via this Provider <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> US Mail	
Do you want to be contacted by someone with information about child support and arrears programs, and how to make or receive child support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No How would you like to be contacted about this? <input type="checkbox"/> Via this Provider <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> US Mail	



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Part IX: Additional Literacy & Immigrant Services Consents and Signatures

Consent to Participate

To the best of my knowledge the information above is true. I agree to its verification and understand that falsification may be grounds for termination of service. Information provided may be used by the City of New York to improve City services and access to those services, and to access additional funding.

In order to continue to receive the funding that supports this program, all of the information requested must be collected. If you have any questions, please ask the provider's Program Director.

If applicant is 18 and over:

I acknowledge that I am 18 years of age or older and am authorized to give consent.

☐ Yes ☐ No

Full Name of Participant

Participant's Signature

Date

If applicant is under 18 years old:

As parent/guardian, I give permission for my child to register and participate in the program and to complete anonymous surveys seeking participant feedback of the program.

Full Name of Participant

Full Name of Parent/Guardian

Parent/Guardian's Signature

Date



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Part X: Household Income Verification Forms

Community Services Block Grant (CSBG) Program Participant Self-Certification Form

This program is funded by the Community Services Block Grant (CSBG), which is provided by the U.S. Department of Health and Human Services, Administration for Children and Families Office of Community Services. *You must complete this form to document your eligibility to participate in this program.*

Directions: Please find the number of persons in your household, and then **check the box** that contains the amount of annual household income. **INCOME** is defined as the total annual income of all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the household based on anticipated income expected within the next 12 months.

Please check your Income Range based on your household size (for example if there are 5 people in your household, go to HH of 5; if there are 8 in your household go to HH of 8): Please check your Income Range based on your household size (for example if there are 5 people in your household, go to HH of 5; if there are 8 in your household go to HH of 8):

	0 – 50%	51 – 75%	76 – 100%	101 – 125%	126% - 200%	201%+
Household of 1:	<input type="checkbox"/> \$0 - \$6,380	<input type="checkbox"/> \$ 6,381 - \$ 9,570	<input type="checkbox"/> \$ 9,571 - \$12,760	<input type="checkbox"/> \$12,761 - \$15,950	<input type="checkbox"/> \$15,951 - \$25,520	<input type="checkbox"/> \$25,521+
Household of 2:	<input type="checkbox"/> \$0 - \$8,620	<input type="checkbox"/> \$ 8,621 - \$12,930	<input type="checkbox"/> \$12,931 - \$17,240	<input type="checkbox"/> \$17,241 - \$21,550	<input type="checkbox"/> \$21,551 - \$34,480	<input type="checkbox"/> \$34,481+
Household of 3:	<input type="checkbox"/> \$0 - \$10,860	<input type="checkbox"/> \$10,861 - \$16,290	<input type="checkbox"/> \$16,291 - \$21,720	<input type="checkbox"/> \$21,721 - \$27,150	<input type="checkbox"/> \$27,151 - \$43,440	<input type="checkbox"/> \$43,441+
Household of 4:	<input type="checkbox"/> \$0 - \$13,100	<input type="checkbox"/> \$13,101 - \$19,650	<input type="checkbox"/> \$19,651 - \$26,200	<input type="checkbox"/> \$26,201 - \$32,750	<input type="checkbox"/> \$32,751 - \$52,400	<input type="checkbox"/> \$52,401+
Household of 5:	<input type="checkbox"/> \$0 - \$15,340	<input type="checkbox"/> \$15,341 - \$23,010	<input type="checkbox"/> \$23,011 - \$30,680	<input type="checkbox"/> \$30,681 - \$38,350	<input type="checkbox"/> \$38,351 - \$61,360	<input type="checkbox"/> \$61,361+
Household of 6:	<input type="checkbox"/> \$0 - \$17,580	<input type="checkbox"/> \$17,581 - \$26,370	<input type="checkbox"/> \$26,371 - \$35,160	<input type="checkbox"/> \$35,161 - \$43,950	<input type="checkbox"/> \$43,951 - \$70,320	<input type="checkbox"/> \$70,321+
Household of 7:	<input type="checkbox"/> \$0 - \$19,820	<input type="checkbox"/> \$19,821 - \$29,730	<input type="checkbox"/> \$29,731 - \$39,640	<input type="checkbox"/> \$39,641 - \$49,550	<input type="checkbox"/> \$49,551 - \$79,280	<input type="checkbox"/> \$79,281+
Household of 8:	<input type="checkbox"/> \$0 - \$22,060	<input type="checkbox"/> \$22,061 - \$33,090	<input type="checkbox"/> \$33,091 - \$44,120	<input type="checkbox"/> \$44,121 - \$55,150	<input type="checkbox"/> \$55,151 - \$88,240	<input type="checkbox"/> \$88,241+

I attest that the income information above is true. I understand that falsification of my income is grounds for termination from CSBG program services. I understand that I may be asked to provide income documentation to verify my income. Should my income status change, I hereby agree to promptly notify the program of this change and to submit a revised self-certification form.

Applicant's Name: _____

Applicant Signature: _____ **Date:** _____

Parent/guardian: _____ **Date:** _____ (Signature required if applicant is under the age of 18)

Organization: _____

Intake Specialist/Staff _____ **Date:** _____

The New York City Department of Youth & Community Development invests in a network of community-based organizations and programs to alleviate the effects of poverty and to provide opportunities for New Yorkers and communities to flourish.



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Community Development Block Grant (CDBG) Program Participant Self Certification Form

This program is funded by the Community Development Block Grant (CDBG), which is provided by the U.S. Department of Housing and Urban Development. *You must complete this form to document this program's eligibility for Federal funding.*

Directions: Please find the number of persons in your household, and then check the box that contains the amount of annual household income. INCOME is defined as the total annual income of all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the household based on anticipated income expected within the next 12 months.

HH of 1:	<input type="checkbox"/> \$0 - \$23,900	<input type="checkbox"/> \$23,901 - \$39,800	<input type="checkbox"/> \$39,801 - \$63,700	<input type="checkbox"/> \$63,701 +
HH of 2:	<input type="checkbox"/> \$0 - \$27,300	<input type="checkbox"/> \$27,301 - \$45,500	<input type="checkbox"/> \$45,501 - \$72,800	<input type="checkbox"/> \$72,801 +
HH of 3:	<input type="checkbox"/> \$0 - \$30,700	<input type="checkbox"/> \$30,701 - \$51,200	<input type="checkbox"/> \$51,201 - \$81,900	<input type="checkbox"/> \$81,901 +
HH of 4:	<input type="checkbox"/> \$0 - \$34,100	<input type="checkbox"/> \$34,101 - \$56,850	<input type="checkbox"/> \$56,851 - \$90,950	<input type="checkbox"/> \$90,951 +
HH of 5:	<input type="checkbox"/> \$0 - \$36,850	<input type="checkbox"/> \$36,851 - \$61,400	<input type="checkbox"/> \$61,401 - \$98,250	<input type="checkbox"/> \$98,251 +
HH of 6:	<input type="checkbox"/> \$0 - \$39,600	<input type="checkbox"/> \$39,601 - \$65,950	<input type="checkbox"/> \$65,951 - \$105,550	<input type="checkbox"/> \$105,551 +
HH of 7:	<input type="checkbox"/> \$0 - \$42,300	<input type="checkbox"/> \$42,301 - \$70,500	<input type="checkbox"/> \$70,501 - \$112,800	<input type="checkbox"/> \$112,801 +
HH of 8:	<input type="checkbox"/> \$0 - \$45,050	<input type="checkbox"/> \$45,051 - \$75,050	<input type="checkbox"/> \$75,051 - \$120,100	<input type="checkbox"/> \$120,101 +
HH of 9:	<input type="checkbox"/> \$0 - \$48,600	<input type="checkbox"/> \$48,601 - \$79,600	<input type="checkbox"/> \$79,601 - \$127,350	<input type="checkbox"/> \$127,351 +
HH of 10:	<input type="checkbox"/> \$0 - \$53,080	<input type="checkbox"/> \$53,081 - \$84,150	<input type="checkbox"/> \$84,151 - \$134,650	<input type="checkbox"/> \$134,651 +
HH of 11:	<input type="checkbox"/> \$0 - \$57,560	<input type="checkbox"/> \$57,561 - \$88,700	<input type="checkbox"/> \$88,701 - \$141,900	<input type="checkbox"/> \$141,901 +
HH of 12:	<input type="checkbox"/> \$0 - \$62,040	<input type="checkbox"/> \$62,041 - \$93,250	<input type="checkbox"/> \$93,251 - \$149,200	<input type="checkbox"/> \$149,201 +
HH of 13:	<input type="checkbox"/> \$0 - \$66,520	<input type="checkbox"/> \$66,521 - \$97,800	<input type="checkbox"/> \$97,801 - \$156,450	<input type="checkbox"/> \$156,451 +
HH of 14:	<input type="checkbox"/> \$0 - \$71,000	<input type="checkbox"/> \$71,001 - \$102,350	<input type="checkbox"/> \$102,351 - \$163,750	<input type="checkbox"/> \$163,751 +
HH of 15:	<input type="checkbox"/> \$0 - \$75,480	<input type="checkbox"/> \$75,481 - \$106,900	<input type="checkbox"/> \$106,901 - \$171,000	<input type="checkbox"/> \$171,001 +
HH of 16:	<input type="checkbox"/> \$0 - \$79,960	<input type="checkbox"/> \$79,961 - \$111,450	<input type="checkbox"/> \$111,451 - \$178,300	<input type="checkbox"/> \$178,301 +
HH of 17:	<input type="checkbox"/> \$0 - \$84,440	<input type="checkbox"/> \$84,441 - \$116,000	<input type="checkbox"/> \$116,001 - \$185,550	<input type="checkbox"/> \$185,551 +
HH of 18:	<input type="checkbox"/> \$0 - \$88,920	<input type="checkbox"/> \$88,921 - \$120,550	<input type="checkbox"/> \$120,551 - \$192,850	<input type="checkbox"/> \$192,851 +
HH of 19:	<input type="checkbox"/> \$0 - \$93,400	<input type="checkbox"/> \$93,401 - \$125,100	<input type="checkbox"/> \$125,101 - \$200,100	<input type="checkbox"/> \$200,101 +
HH of 20:	<input type="checkbox"/> \$0 - \$97,880	<input type="checkbox"/> \$97,881 - \$129,650	<input type="checkbox"/> \$129,651 - \$207,400	<input type="checkbox"/> \$207,401 +

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Enter the number of individuals in the household that fall within each race category and indicate whether they are of Hispanic ethnicity.

<u>Race Categories</u>	<u>Hispanic or Latino</u>	<u>Not Hispanic or Latino</u>
White		
Black/African-American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African-American & White		
American Indian/Alaskan Native & Black/African-American		
Other Multi-Racial		

I certify that the information provided on this form is accurate and complete. I further acknowledge that the income levels I have indicated may be subject to further verification by the agency providing services, the City of New York, and/or HUD. I therefore authorize such verification, and will provide supporting documents if requested. **WARNING:** Section 1001 of Title 18 of the United States Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the United States.

Applicant's Name (Please Print):

Applicant's Signature _____ Date _____

(Signature of a parent or guardian if person to receive services is a minor)

NOT WRITE BELOW THIS LINE; TO BE COMPLETED BY STAFF MEMBER ONLY

Classification:

E.L.I.: ☐ L.I.: ☐ M.I.: ☐ Non-L.M.I.: ☐

Name of Organization Staff Member

Date

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