



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 (Number and Street):					Applicant's Apt. Number:																																																																						
Applicant's City:					Zip Code:																																																																						
Applicant's Sex at Birth (Select One): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (not male or female) <input type="checkbox"/> Not Sure		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 border="0"><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 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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.



Is the applicant any of the following:

An Individual with a Disability? ☐ Yes ☐ No ☐ Decline to answer
Parent/Legal Guardian? ☐ Yes ☐ No
Offender/Justice Involved? ☐ Yes ☐ No
Foster Care Participant? ☐ Yes ☐ No
Runaway Youth? ☐ Yes ☐ No

If the applicant is an individual with a disability, please select disability type(s) (Select all that Apply):

☐ Cognitive impairment
☐ Hearing-related
☐ Learning disability
☐ Mental or Psychiatric
☐ Physical/Chronic Health Condition
☐ Physical/Mobility Impairment
☐ Vision-related
☐ Other: _____
☐ Decline to Answer

Part II: Applicant's (or Parent/Guardian's) Contact Information

☐ Contact information below is for the applicant

☐ Contact information below is for the parent/guardian

Phone Number #1

☐ Home
☐ Cell
☐ Work

Phone Number #2

☐ Home
☐ Cell
☐ Work

Email Address:

☐ No email address

Preferred Method of Contact:

☐ Cell Phone ☐ Home Phone ☐ Email ☐ U.S. Mail

Part III: Emergency Contact Information

Emergency Contact Name:

Emergency Contact Primary Phone Number:

☐ Home
☐ Cell
☐ Work

Emergency Contact Email Address:

☐ No email address

Emergency Contact's Relationship to Applicant:

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

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"/> Single Parent - Male <input type="checkbox"/> Non-related adults with children				<input type="checkbox"/> Two Adults – No Children <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Other: _____				<input type="checkbox"/> Single Person - No children <input type="checkbox"/> Multigenerational Household			
Applicant's Housing Type (Select One): <input type="checkbox"/> Own <input type="checkbox"/> Homeless								<input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent Housing			
<input type="checkbox"/> NYCHA <input type="checkbox"/> Shelter								<input type="checkbox"/> Other: _____			
Applicant's Household Size (Select One): <input type="checkbox"/> One <input type="checkbox"/> Five <input type="checkbox"/> Nine <input type="checkbox"/> Thirteen <input type="checkbox"/> Seventeen								<input type="checkbox"/> Two <input type="checkbox"/> Six <input type="checkbox"/> Ten <input type="checkbox"/> Fourteen <input type="checkbox"/> Eighteen			
<input type="checkbox"/> Three <input type="checkbox"/> Seven <input type="checkbox"/> Eleven <input type="checkbox"/> Fifteen <input type="checkbox"/> Nineteen								<input type="checkbox"/> Four <input type="checkbox"/> Eight <input type="checkbox"/> Twelve <input type="checkbox"/> Sixteen <input type="checkbox"/> Twenty+			
Applicant's Household 12-Month Gross Income: \$ _____											

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.



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

- | | | | | | | |
|---|--|---|---|---|---|---|
| <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 |

Part VI: Applicant's Health Insurance Status

Does the applicant have health insurance? (Select One):

☐ Yes ☐ No ☐ Decline to Answer

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

☐ Medicaid
 ☐ Medicare
 ☐ State Children's Health Insurance Program
 ☐ Military Health Care
☐ Direct-Purchase
 ☐ Employment-Based
 ☐ State Children's Health Insurance for Adults
 ☐ 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



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

For applicants under 18 years old:

Full Name of Participant

Parent's/Guardian's Signature

Date



Consent for Emergency Medical Treatment

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)



Consent to Make Referrals and Share Information With Other DYCD Programs

The New York City Department of Youth and Community Development (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 and check one of the boxes

I understand why DYCD needs me to 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

If you are under 18 years old:

Full Name of Participant

Parent's/Guardian's Signature

Date



Part VIII: Additional Adolescent Literacy Questions

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	



Applicant's School Information

Is Applicant in an Individualized Educational Program (IEP)?

☐ Yes ☐ No

Student ID number (OSIS# for Public School Students)

School Name _____

School Address _____

City _____ State _____ Zip Code _____

Pick-up/Dismissal Information

This question must be answered for Adolescent Literacy Applicants

My child has permission to travel home alone at dismissal (must be answered a Parent/Guardian):

☐ Yes ☐ No



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



Part IX: Additional Adolescent Literacy 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.

For applicant 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

Parent/Guardian Consent to Collect and Share Student Information

The **Department of Youth and Community Development (DYCD)** provides funding for this program as part of its mission to help you assist your child reach his or her full potential. Many of our programs are run by community based organizations. We work to make sure the services you and your children receive are of the highest quality. DYCD is requesting your permission to allow us to collect information we need on your child, their participation and the quality of the services provided.

What information from your child's student records is DYCD requesting?

We are requesting your permission for the **NYC Department of Education (DOE)** to share personally identifiable information from your child's student records with DYCD. The information we would like to collect consists of biographical and enrollment information (specifically consisting of your child's name, address, date of birth, student identification number, grade, school(s) attended and transfer, discharge, and graduation data about your child); data concerning your child's school attendance (including number of days attended and absences); and academic performance data (including your child's results on state and national exams, credits earned, grades, promotion and retention status, and fitnessgram score); and data related to any disciplinary actions taken against your child (including number and type of suspensions).

We are requesting to collect the information listed above about your child on a past, present and future (i.e., ongoing) basis.

We are also requesting your permission for DYCD to share information we collect on the enrollment form from you and/or your child with DOE staff. The information includes registration information, student's interests and challenges, type of program enrolled-in and frequency of participation. This information will be used to help the school and community organization work together to meet you and your child's needs.

Who will see my child's information and how will it be safeguarded?

The only people who will see your child's individual information are DYCD and DOE staff who manage the data systems and prepare research reports and program analyses. The limited number of DYCD staff identified to receive personal information is screened, and provided extensive training to follow strict guidelines on protecting the confidentiality of information that would personally identify you or your child. Personally identifiable information collected from student records will only be shared electronically between DOE and DYCD and will be secured and protected in the DYCD data base. Personally identifiable information will not be shared with any community based organizations or their staff members. We will not use your name or your child's name in any published report. While we request your consent, your responses to the below requests will not affect your child's participation in DYCD sponsored programs.

Please check Yes or No to each of the following statements:

I understand why DYCD is asking my permission to access the information listed above from my child's student records, and I give permission to DOE to share that information with DYCD on an ongoing basis.

☐ **Yes, I give my permission** ☐ **No, I do not give my permission**

I understand why DYCD is asking my permission to share information about my child collected by DYCD with DOE staff and I give my permission to DYCD to share information with DOE on an ongoing basis.

☐ **Yes, I give my permission** ☐ **No, I do not give my permission**

Student/Applicant Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Additional Parent/Guardian Name: _____

(optional): _____

Part X: Household Income Verification Form

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): NOTE: for each additional family member over 8, add \$4,720 per person.

	0 – 50%	51 – 75%	76 – 100%	101 – 125%	126% - 200%	201%+
Household of 1:	<input type="checkbox"/> \$0 - \$ 6,795	<input type="checkbox"/> \$ 6,796 – \$10,193	<input type="checkbox"/> \$10,194 - \$13,590	<input type="checkbox"/> \$13,591 - \$16,988	<input type="checkbox"/> \$16,989 - \$27,180	<input type="checkbox"/> \$27,181+
Household of 2:	<input type="checkbox"/> \$0 - \$ 9,155	<input type="checkbox"/> \$ 9,156 - \$13,733	<input type="checkbox"/> \$13,734 - \$18,310	<input type="checkbox"/> \$18,311 - \$22,888	<input type="checkbox"/> \$22,889 - \$36,620	<input type="checkbox"/> \$36,621+
Household of 3:	<input type="checkbox"/> \$0 - \$11,515	<input type="checkbox"/> \$11,516 - \$17,273	<input type="checkbox"/> \$17,274 - \$23,030	<input type="checkbox"/> \$23,031 - \$28,788	<input type="checkbox"/> \$28,789 - \$46,060	<input type="checkbox"/> \$46,061+
Household of 4:	<input type="checkbox"/> \$0 - \$13,875	<input type="checkbox"/> \$13,876 - \$20,813	<input type="checkbox"/> \$20,814 - \$27,750	<input type="checkbox"/> \$27,751 - \$34,688	<input type="checkbox"/> \$34,689 - \$55,500	<input type="checkbox"/> \$55,501+
Household of 5:	<input type="checkbox"/> \$0 - \$16,235	<input type="checkbox"/> \$16,236 - \$24,353	<input type="checkbox"/> \$24,354 - \$32,470	<input type="checkbox"/> \$32,471 - \$40,588	<input type="checkbox"/> \$40,589 - \$64,940	<input type="checkbox"/> \$64,941+
Household of 6:	<input type="checkbox"/> \$0 - \$18,595	<input type="checkbox"/> \$18,596 - \$27,893	<input type="checkbox"/> \$27,894 - \$37,190	<input type="checkbox"/> \$37,191 - \$46,488	<input type="checkbox"/> \$46,489 - \$74,380	<input type="checkbox"/> \$74,381+
Household of 7:	<input type="checkbox"/> \$0 - \$20,955	<input type="checkbox"/> \$20,956 - \$31,433	<input type="checkbox"/> \$31,434 - \$41,910	<input type="checkbox"/> \$41,911 - \$52,388	<input type="checkbox"/> \$52,389 - \$83,820	<input type="checkbox"/> \$83,821+
Household of 8:	<input type="checkbox"/> \$0 - \$23,315	<input type="checkbox"/> \$23,316 - \$34,973	<input type="checkbox"/> \$34,974 - \$46,630	<input type="checkbox"/> \$46,631 - \$58,288	<input type="checkbox"/> \$58,289 - \$93,260	<input type="checkbox"/> \$93,261+

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.