Department of Youth & Community Development

FY2025 CSBG Application, Ages 14+

Welcome to DYCD! This form lets you or your child apply to a DYCD program. You can only submit one application per person per location. Submitting a form does not guarantee eligibility or enrollment in the program and we might ask for more information to see if you are eligible. If accepted, the program will not cost you anything. We collect some information like *Gender, Race, Ethnicity, Language*, and *Health Insurance* status for planning purposes only. Your answers to these questions will not affect your status to benefits or services and will not be shared outside of DYCD without your permission. *Income, Household Information*, and *Education/Work* status might affect eligibility for certain programs. Gathering your information helps DYCD see who benefits from our programs. This helps us make our programs better and allows DYCD to continue giving communities the support they need.

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 Country of Origin:

_____

Applicant's Sex at Birth (Select One):

☐ Female
☐ Male
☐ X (not male or female)
☐ Not Sure

Applicant's Gender Identity (Select all that Apply**):**

☐ Female
☐ Male
☐ Non-Binary (not Female or Male)
☐ Gender Nonconforming
☐ Two Spirit (Native American/First Nations)
☐ Another Gender:
_____
☐ Not Sure
☐ Do not understand the question
☐ Decline to Answer

Applicant's Sexual Orientation:

☐ Heterosexual (straight)
☐ Gay
☐ Lesbian
☐ Bisexual
☐ Pansexual
☐ Asexual
☐ Queer
☐ Questioning
☐ Not Sure
☐ Another Sexual Orientation:
_____
☐ Decline to Answer

Applicant's Gender Pronoun:

☐ She/Her/Hers
☐ He/Him/His
☐ They/Them/Theirs
☐ Another Pronoun: _____
☐ Decline to Answer

Applicant's Race/Ethnicity (Select all that Apply):

☐ American Indian and Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latinx/e/a/o
☐ Middle Eastern/North African
☐ Native Hawaiian and Other Pacific Islander
☐ White or Caucasian
☐ Other:
_____

Does the applicant identify as transgender? (Select One):

☐ Yes
☐ No
☐ Not Sure
☐ Do not understand the question
☐ Decline to Answer

If of Asian origin, please select from the following (Select All That Apply):

- ☐ Chinese
- ☐ Japanese
- ☐ Filipino
- ☐ North Korean
- ☐ South Korean
- ☐ Vietnamese
- ☐ Asian Indian
- ☐ Laotian
- ☐ Cambodian
- ☐ Bangladeshi
- ☐ Hmong
- ☐ Indonesian
- ☐ Malaysian
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Nepalese
- ☐ Burmese
- ☐ Tibetan
- ☐ Thai
- ☐ Other: _____

If of Native Hawaiian or Other Pacific Islander origin, please select from the following (Select All That Apply):

- ☐ Hawaiian
- ☐ Guamanian
- ☐ Chamorro
- ☐ Samoan
- ☐ Fijian
- ☐ Tongan
- ☐ Other: _____

If of Hispanic or Latinx/e/a/o origin, please select from the following (Select All That Apply):

- ☐ Mexican, Mexican American, Chicana/o
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Dominican
- ☐ Central American (including Salvadoran, Guatemalan, Honduran, etc.)
- ☐ South American (including Ecuadorian, Colombian, Venezuelan, Panamanian etc.)
- ☐ Another Hispanic, Latinx/e/a/o, Spanish Origin:_____

How well does the applicant speak English? (Select One):

- ☐ Fluent/Very well
- ☐ Well
- ☐ Not well
- ☐ Not well at all

Applicant's Primary Language (Select One):

- ☐ English
- ☐ Albanian
- ☐ Arabic
- ☐ Bengali
- ☐ Chinese*
- ☐ French
- ☐ Fulani
- ☐ German
- ☐ Gujarati
- ☐ Haitian Creole
- ☐ Hebrew
- ☐ Hindi
- ☐ Hungarian
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Kru, Ibo, or Yoruba
- ☐ Mande
- ☐ Punjabi
- ☐ Persian
- ☐ Polish
- ☐ Portuguese
- ☐ Romanian
- ☐ Russian
- ☐ Spanish
- ☐ Tagalog
- ☐ Turkish
- ☐ Urdu
- ☐ Vietnamese
- ☐ Yiddish
- ☐ Other:

_____

**including Cantonese and Mandarin*

Other Languages Spoken by Applicant (Select all that Apply):

- ☐ English
- ☐ Albanian
- ☐ Arabic
- ☐ Bengali
- ☐ Chinese*
- ☐ French
- ☐ Fulani
- ☐ German
- ☐ Gujarati
- ☐ Haitian Creole
- ☐ Hebrew
- ☐ Hindi
- ☐ Hungarian
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Kru, Ibo, or Yoruba
- ☐ Mande
- ☐ Punjabi
- ☐ Persian
- ☐ Polish
- ☐ Portuguese
- ☐ Romanian
- ☐ Russian
- ☐ Spanish
- ☐ Tagalog
- ☐ Turkish
- ☐ Urdu
- ☐ Vietnamese
- ☐ Yiddish
- ☐ Other:

_____

☐ Not applicable (only one language spoken by applicant)

**including Cantonese and Mandarin*

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
Veteran?	☐ Yes ☐ No
Active Military Personnel?	☐ Yes ☐ No
Victim of Domestic Violence?	☐ Yes ☐ No
Victim of Human Trafficking?	☐ 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

Did you or any member of your household serve in the armed forces, national guard, or reserves of the United States?

☐ Yes ☐ No

If yes, would you or your household member want to be contacted by the NYC Department of Veteran's Services?

☐ Yes ☐ No

How did you learn about the DYCD program(s) you're applying to? (Select all that apply):

- ☐ Advertisement
- ☐ Called 311
- ☐ discoverDYCD
- ☐ DYCD Community Connect
- ☐ DYCD Social Media
- ☐ Family member, friend or neighbor
- ☐ House of worship
- ☐ Media (newspaper, radio, TV, etc.)
- ☐ Referred by a Government agency
- ☐ Referred by another organization where I was receiving services (i.e., case management, senior center, shelter, etc.)
- ☐ School
- ☐ Street fair, special event or street outreach
- ☐ Website (please specify which) _____
- ☐ Word of mouth
- ☐ Other (please specify)_____

Part II: Applicant's Contact Information

☐ Contact information below is for the applicant

Phone Number #1	☐ Home ☐ Cell ☐ Work	**Phone Number #2**	☐ Home ☐ Cell ☐ Work

Email Address (Required):

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:	**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):

☐ Full-Time Student**
☐ Part-Time Student**
☐ Not in School***

Applicant's current work status (Select One):

☐ Employed Full-Time
☐ Employed Part-Time
☐ Retired
☐ Unemployed (Short- term, 6 months or less)
☐ Unemployed (Long- term, more than 6 months)
☐ Unemployed (Not in labor force)
☐ Migrant Seasonal Farm Worker
☐ Not Applicable (Applicant is under 14 years of age)

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	☐ Pre-K	☐ K	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th	☐ 5th
Middle School	☐ 6th		☐ 7th			☐ 8th	
High School	☐ 9th	☐ 10th	☐ 11th	☐ 12th	☐ Obtained High School Diploma	☐ Obtained High School Equivalency	
Community College	☐ 1st Year	☐ 2nd Year	☐ 3rd Year	☐ 4th Year	☐ Obtained Associate's Degree		
Vocational/Trade School	☐ Some Vocational or Trade school credits, but no certificate or degree attained				☐ Obtained a certificate or degree from a Vocational or Trade school		
4-Year College/University	☐ Freshman	☐ Sophomore			☐ Junior	☐ Senior	
Master's Degree:	☐ Some masters' degree credit, but no degree attained				☐ Obtained Master's Degree		
Professional Degree	☐ Some Professional Degree credits (e.g. MD,DDS, DVM, LLB, JD) but no degree attained				☐ Obtained Professional Degree (e.g. MD, DDS, DVM, LLB, JD)		
Doctorate Degree:	☐ Some Doctorate degree credits, but no degree attained				☐ Obtained Doctorate Degree		
Other	☐ Obtained Foreign Degree				☐ No Formal Schooling Attained		

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):

- ☐ Single Parent - Female
- ☐ Single Parent - Male
- ☐ Single Person- No children
- ☐ Non-related adults with children
- ☐ Two Adults – No Children
- ☐ Two Parent Household
- ☐ Multigenerational Household
- ☐ Other

Applicant's Housing Type (Select One):

- ☐ Own
- ☐ NYCHA
- ☐ Unhoused
- ☐ Rent
- ☐ Shelter
- ☐ Other:_____
- ☐ Homeless
- ☐ Other Permanent Housing

Applicant's Household Size (Select One):

- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ Five
- ☐ Six
- ☐ Seven
- ☐ Eight
- ☐ Nine
- ☐ Ten
- ☐ Eleven
- ☐ Twelve
- ☐ Thirteen
- ☐ Fourteen
- ☐ Fifteen
- ☐ Sixteen
- ☐ Seventeen
- ☐ Eighteen
- ☐ Nineteen
- ☐ Twenty+

Applicant's Household 12-Month Gross Income:

$_____

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

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

Part VI: Applicant's Health Information

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

☐ Yes ☐ No ☐ 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 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 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

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 (e.g., 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: ☐ **N/A**
Please list any accommodation(s) you are requesting for yourself/the applicant: ☐ **N/A**

Part VII: Additional Literacy and Immigrant Services Questions

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? ☐ Yes ☐ No **How would you like to be contacted about this?** ☐ Via this provider ☐ Email ☐ Phone ☐ U.S Mail	**Do you want to be contacted by someone with information about signing up for free financial education or tax assistance programs?** ☐ Yes ☐ No **How would you like to be contacted about this?** ☐ Via this provider ☐ Email ☐ Phone ☐ U.S Mail
Does the Applicant receive ACS Preventative Services? ☐ Yes ☐ No	

Part VIII: 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, s 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 mage, 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

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

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 consent
With it, we can:

- decide if you are eligible for services;
- send you information about DYCD-funded programs and services you can apply for;
- send you information about research activities, focus groups, and surveys related to program improvement;
- share information from your DYCD Participant Application with the programs you apply for; and
- track the results of the services you receive.

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 employees at DYCD and the programs DYCD funds can see it.

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

I understand that DYCD needs my consent to:

- decide if I am eligible for services;
- send me information about programs and services I can apply for;
- refer me to DYCD-funded programs;
- send me information about research activities, focus groups, and surveys related to program improvement;
- share information from my DYCD Participant Application with the programs I apply for; and
- track the results of the services I receive.

☐ **Yes, I give my consent.** ☐ **No, I do not give my consent.**

Full Name of Participant (please print)

Signature of Participant

Date

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

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

Household	0 – 50%	51 – 75%	76 – 100%	101 – 125%	126% - 200%	201%+
Household of 1:	☐ $0 - $ 7,530	☐ $ 7,531 - $11,295	☐ $11,296 - $15,060	☐ $15,061 - $18,825	☐ $18,826 - $30,120	☐ $30,121+
Household of 2:	☐ $0 - $10,220	☐ $10,221 - $15,330	☐ $15,331 - $20,440	☐ $20,441 - $25,550	☐ $25,551- $40,880	☐ $40,881+
Household of 3:	☐ $0 - $12,910	☐ $12,911 - $19,365	☐ $19,366 - $25,820	☐ $25,821 - $32,275	☐ $32,276 - $51,640	☐ $51,641+
Household of 4:	☐ $0 - $15,600	☐ $15,601 - $23,400	☐ $23,401- $31,200	☐ $31,201 - $39,000	☐ $39,001 - $62,400	☐ $62,401+
Household of 5:	☐ $0 - $18,290	☐ $18,291 - $27,435	☐ $27,436 - $36,580	☐ $36,581 - $45,725	☐ $45,726 - $73,160	☐ $73,161+
Household of 6:	☐ $0 - $20,980	☐ $20,981 - $31,470	☐ $31,471 - $41,960	☐ $41,961 - $52,450	☐ $52451 - $83,920	☐ $83,921+
Household of 7:	☐ $0 - $23,670	☐ $23,671 - $35,505	☐ $35,506 - $47,340	☐ $47,341 - $59,175	☐ $59,176 - $94,680	☐ $94,681+
Household of 8:	☐ $0 - $26,360	☐ $26,361 - $39,540	☐ $39,541 - $52,720	☐ $52,721 - $65,900	☐ $65,901 - $105,440	☐ $105,441+

☐

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: _____

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 nonfamily 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):

Household	Extremely Low Income	Very Low Income	Low Income	Not Low Income
HH of 1:	☐ $0 - $29,650	☐ $29,651 - $49,450	☐ $49,451 - $79,200	☐ $79,201+
HH of 2:	☐ $0 - $33,900	☐ $33,901 - $56,500	☐ $56,501 - $90,500	☐ $90,501+
HH of 3:	☐ $0 - $38,150	☐ $38,151 - $63,550	☐ $63,551 - $101,800	☐ $101,801+
HH of 4:	☐ $0 - $42,350	☐ $42,351 - $70,600	☐ $70,601 - $113,100	☐ $113,101+
HH of 5:	☐ $0 - $45,750	☐ $45,751 - $76,259	☐ $76,251 - $122,150	☐ $122,151+
HH of 6:	☐ $0 - $49,150	☐ $49,151 - $81,900	☐ $81,901 - $131,200	☐ $131,201+
HH of 7:	☐ $0 - $52,550	☐ $52,551 - $87,550	☐ $87,551 - $140,250	☐ $140,251+
HH of 8:	☐ $0 - $55,950	☐ $55,951 - $93,200	☐ $93,201 - $149,300	☐ $149,300+
HH of 9:	☐ $0 - $59,300	☐ $59,301 - $98,850	☐ $98,851 - $158,350	☐ $158,351+
HH of 10:	☐ $0 - $62,700	☐ $62,701 - $104,500	☐ $104,501 - $167,400	☐ $167,401+

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

Race Categories	Hispanic or Latino	Not Hispanic or Latino
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)

_____

DO 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