



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):
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Applicant's Primary Address (Number and Street):	Applicant's Apt. Number:
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Applicant's City:	Zip Code:
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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 Race/Ethnicity (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"/> Hispanic or Latinx/e/a/o <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: _____	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 Country of Origin: _____	_____	

If of Asian origin, please select from the following (Select All That Apply): <input type="checkbox"/> Chinese <input type="checkbox"/> Indonesian <input type="checkbox"/> Japanese <input type="checkbox"/> Malaysian <input type="checkbox"/> Filipino <input type="checkbox"/> Pakistani <input type="checkbox"/> North Korean <input type="checkbox"/> Sri Lankan <input type="checkbox"/> South Korean <input type="checkbox"/> Taiwanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Nepalese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Burmese <input type="checkbox"/> Laotian <input type="checkbox"/> Tibetan <input type="checkbox"/> Cambodian <input type="checkbox"/> Thai <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hmong	If of Native Hawaiian or Other Pacific Islander origin, please select from the following (Select All That Apply): <input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Fijian <input type="checkbox"/> Tongan <input type="checkbox"/> Other: _____	If of Hispanic or Latinx/e/a/o origin, please select from the following (Select All That Apply): <input type="checkbox"/> Mexican, Mexican American, Chicana/o <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Central American (including Salvadoran, Guatemalan, Honduran, etc.) <input type="checkbox"/> South American (including Ecuadorian, Colombian, Venezuelan, Panamanian etc.) <input type="checkbox"/> Another Hispanic, Latinx/e/a/o, Spanish Origin: _____
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Adolescent Literacy & Legal Services for Youth Application

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, Hebrew, Hindi, Creole, 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

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 (or Parent/Guardian's) Contact Information

Contact information below is for the applicant Contact information below is for the parent/guardian

Parent/Guardian Name

- Home, Cell, Work

Phone Number #2

- Home, Cell, Work

Parent/Guardian 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: Emergency Contact Email Address: Emergency Contact's Relationship to Applicant:

Part IV: Applicant's Education/Work Status

Applicant's School Type (Select One): Applicant's current work status (Select One): **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):

Applicant's School Information

Is Applicant in an Individualized Educational Program (IEP)? Student ID number (OSIS for Public School Students) School Name: School Address: City: State: Zip Code:

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): Applicant's Housing Type (Select One):



Adolescent Literacy & Legal Services for Youth Application

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 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

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

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

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 by a Parent/Guardian):

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, 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

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.

[Empty text box for consent selection]

Full Name of Participant (please print)

[Empty text box for participant name]

Parent/Guardian Signature

[Empty text box for signature]

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 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 New York City Public Schools (NYCPS) 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 NYCPS 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 NYCPS 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 NYCPS and DYCD and will be secured and protected in the DYCD database. 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 NYCPS 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 NYCPS staff and I give my permission to DYCD to share information with NYCPS 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): _____

Additional Parent/Guardian Signature (optional): _____



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.

Table with 7 columns: Household, 0-50%, 51-75%, 76-100%, 101-125%, 126%-200%, 201%+. Rows represent household sizes from 1 to 8.

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: _____ (Signature required if applicant is under the age of 18)

Organization: _____

Intake Specialist/Staff _____ Date: _____