

Summer Rising Supplemental Enrollment Form

INTERNAL USE ONLY
Applicant: _____
Age: _____
Grade: _____
Parent: _____

This form is for participants who were accepted into the Summer Rising program through the centralized enrollment portal and must be completed to finalize participation.

For the purposes of this application, "applicant" refers to the person receiving services.

| Applicant Information | | | | | |
|--|--------|----------------------------------|------------------|------------------------|------|
| Applicant Full Name: | | | Birth Date: | | Age: |
| OSIS# (DOE Students Only): | Grade: | Gender Identity: | | Pronouns: | |
| Applicant Phone (if applicable): | | Applicant Email (if applicable): | | | |
| How well does the applicant speak English? (Select One) | | | Primary Language | Other Languages spoken | |
| <input type="checkbox"/> Fluent <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not well at all | | | | | |

| Health Information | | |
|--|--|--|
| <i>Please answer the questions below and provide additional details in the space provided.</i> | | |
| Does the applicant: | | |
| Have any allergies? | Have Asthma? | Have special health care needs? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have activities that they cannot participate in? | Take medication for any condition or illness? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have any other health information or accommodations? (Dietary, Seizures, Diabetes, etc.) | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes to any of the above, please provide additional details here. Please attach additional pages if you need more space. | | |
| | | |

| Consent for Medical Treatment | | |
|---|--|---|
| <i>My child is enrolled as a participant in a DYCD-funded program. In the event of a medical emergency, I hereby give consent for necessary emergency medical treatment for my child to be obtained, with the understanding that I will be notified as soon as possible. I understand that every effort will be made to contact me, or, if I am unavailable, the emergency contact(s) listed before and after medical care is provided.</i> | | |
| <input type="checkbox"/> Yes, I give permission | | <input type="checkbox"/> No, I do not give permission |
| Parent/Guardian Print: | Parent/Guardian Signature: | Date: |
| Does the applicant have health insurance? (Select one) | If no, do you want to be contacted by someone else with information about signing up for health insurance? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer | <input type="checkbox"/> Yes, please contact me via: <input type="checkbox"/> Email <input type="checkbox"/> US Mail <input type="checkbox"/> Phone <input type="checkbox"/> Via Provider <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer | |
| If Yes, what kind of health insurance? (Check all that apply) | | |
| <input type="checkbox"/> Medicaid <input type="checkbox"/> Employment-Based <input type="checkbox"/> Military Health Care | <input type="checkbox"/> Medicare <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Decline to Answer | <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Children's Health Insurance for adults |

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Household Information

For 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 Parent - No Children
☐ Non-related adults with children
☐ Two Adults - No Children
☐ Two Adults Household
☐ Multigenerational House
☐ Other:

Applicant's Housing Type (Select One):

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

Applicant's Household Size (Select One):

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

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

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

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

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

Additional Information and Permissions

Participant: ☐ is in _____ grade has permission to self-dismiss at the end of the day ☐ Must be picked up

☐ Receiving summer bussing (*only those eligible) **Runaway Youth** Yes No Decline to Answer

Emergency Contacts of additional people authorized to pick up the child unless otherwise noted:

| Name: | Phone: | Relationship |
|-------|--------|--------------|
| | | |
| | | |

The following people should not have contact with my child: (Please write clearly)

| Name/Relationship | Name/Relationship | Name/Relationship |
|-------------------|-------------------|-------------------|
| | | |
| | | |

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, DOE, and the City of New York, its contracted providers, authorized agents, third-party organizations with which it collaborates, or other government, representatives (collectively, "Authorized Parties") may be present during program activities and special events associated with program services, both at the usual program location and at off-site events. In some cases, they may photograph, videotape, interview or otherwise record participants and their families and friends in these programs. The resulting images, videos, and interviews may be used, with or without the participant's name, in printed and electronic media such as brochures, books, print and email newsletters, DVDs and videos, websites, social media and blogs (collectively, "Media"). I hereby authorize and permit the Authorized Parties, without compensation and without further approval, to photograph and/or record my and my child's image, name, likeness, and the sound of my and my child's voice during DYCD-funded program activities and special events, and I hereby consent to the resulting images, videos and interviews being used, without compensation and without further approval by the Authorized Parties solely for non-profit, non-commercial purposes in any and all Media.

☐ Yes

☐ No

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

☐ Yes

☐ No

Full name of applicant: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____

Consent to Make Referrals and Share Information

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

Why we need your permission:

With it, we can:

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

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

Who sees your information and how we protect it

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

- Decide if you're eligible for services
- Enroll you in programs and services, and
- Track the results of the services you receive

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

I understand why DYCD needs my consent to:

- Send me information about programs and services I can apply for,
- Refer me to DYCD-funded programs, and/or

Share information from my DYCD Participant Application with the programs I apply for

☐ Yes, I give permission

☐ No, I do not give permission

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Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

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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).

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.

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 permission

☐ No, I do not give 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 permission

☐ No, I do not give permission

Full name of applicant: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____

Consent to Participate

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

Parent/Guardian Print: _____ Parent/ Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____