



Department of
Youth & Community
Development

Literacy Intake Form
FY-18

Intake Date	First Name	Initial	Last Name
Social Security Number	Date of Birth	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Address			Apt
City	State	Zip	
Home Phone	Mobile Phone		
Email Address	Preferred Method of Contact <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> US Mail		

Race (check all that apply)			
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Multi-Race (any 2 or more of the above)	<input type="checkbox"/> Other
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
Country of Origin? ****			

Are you a parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are you Homebound?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Offender/Criminal Justice System-involved? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In Foster Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ACS Preventative Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Housing	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Other	Do you live in NYCHA Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SNAP (Food Stamps) <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you or is any member of the household (0 – 64 years of age) covered by Medicaid, Child Health Plus, or private medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, have you asked this provider to assist you in signing up for health insurance programs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, do you want to be contacted by someone else with information about signing up for public health insurance programs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How would you like to be contacted about this issue? <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 else 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 issue? <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 else 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 issue? <input type="checkbox"/> Via this provider <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> US Mail			

English Proficient? Yes No English Language Learner (ELL)? Yes No

Preferred Language _____ ****

Education (enter/check Last Grade Completed)

Enter Grade 0-11 _____ **** 12 High School Graduate HSE/GED 12+ Some Post-Secondary

2 or 4 year College Degree In school – full time In school – part time Out of school

If in school, is your program Trade School Academic

Work History Employed? Yes, Full-Time Yes, Part-Time No, In school No, retired

No, Out of work less than 26 weeks *** No, out of work 26-52 weeks *** No, out of work greater than 52 weeks

*** Status _____

Is your resume on file with this provider? Yes No

Household / Family Type

Single Parent – Female Single Parent – Male Two Parent Household

2 Adults – No children Single Person Other

Family Size (check Number of people in household)

One Two Three Four Five Six Seven Eight or More

Household 12-month Gross Income \$ _____ Individual Income \$ _____

Sources of Income TANF SSI Social Security General Assistance

(Check all apply) Pension Employment Unemployment Insurance Benefits

Public Assistance Other

Student Information (if applicable)

Individualized Educational Program (IEP) Yes No

Student ID number (OSIS# for Public School students) _____

School Name _____ School Address _____

City _____ State _____ Zip _____

Emergency Contact Info First Name _____ Initial _____ Last Name _____

Gender Male Female Relationship to Participant _____

Home Phone _____ -- -- Mobile Phone _____ -- --

Email Address _____

To the best of my knowledge the information above is true. I agree to its verification and understand that falsification is grounds for termination from CSBG programs of service.

Applicant: _____ **Date:** _____

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.

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

Organization: _____

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

In order to continue to receive the federal funds that support this program, all of the information requested must be collected. If you have any questions, please ask the provider's program director.

Photo/Video Consent and Waiver

I understand that this provider's staff, as well as photographers, newspaper and television reporters, media and social media representatives, and public relations personnel may be present during program activities and special events associated with the program services. In some cases, they may photograph, video, interview or otherwise record program participants who participate in these activities and events. The resulting images, videos, and interviews may be used to promote the programs in printed and electronic media published by the provider as well as by the New York City Department of Youth & Community Development (DYCD), such as brochures, books, print and email newsletter, DVDs and videos, websites and blogs, and on social media. I give permission to use my and my children's photograph, likeness, artwork, profile and/or story, in all such forms of media and all manners, including publications, webpages, and other promotional materials. I understand that the circulation of the materials could be worldwide and that there will be no compensation to me for this use and I will have no rights to the materials produced. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith.

These images, videos and interviews may be used by DYCD, as well as DYCD's assignees, and organizations that collaborate with DYCD, including but not limited to the New York State Department of State, for inclusion in its publications, on its website, and in any media, whether now or hereafter known or developed.

Signature: _____ **Date:** _____

If you do not wish for you or your child to participate in interviews or the recording of images as described above, please review this section of the form.

I DO NOT give permission for photographs, other recordings or interviews of me and/or my child to be used by the program or DYCD in any publication. As a result, I and/or my child may not be able to participate in events and group activities that may be used for publication purposes.

Signature: _____ **Date:** _____

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.

House hold of 1:	<input type="checkbox"/> \$0 - \$ 6,030	<input type="checkbox"/> \$ 6,031 - \$ 9,045	<input type="checkbox"/> \$ 9,046 - \$12,060	<input type="checkbox"/> \$12,061 - \$15,075	<input type="checkbox"/> \$15,076+
Household of 2:	<input type="checkbox"/> \$0 - \$8,120	<input type="checkbox"/> \$ 8,121 - \$12,180	<input type="checkbox"/> \$12,181 - \$16,240	<input type="checkbox"/> \$16,241 - \$20,300	<input type="checkbox"/> \$20,301+
Household of 3:	<input type="checkbox"/> \$0 - \$10,210	<input type="checkbox"/> \$10,211 - \$15,315	<input type="checkbox"/> \$15,316 - \$20,420	<input type="checkbox"/> \$20,421 - \$25,525	<input type="checkbox"/> \$25,526+
Household of 4:	<input type="checkbox"/> \$0 - \$12,300	<input type="checkbox"/> \$12,301 - \$18,450	<input type="checkbox"/> \$18,451 - \$24,800	<input type="checkbox"/> \$24,801 - \$30,750	<input type="checkbox"/> \$30,751+
Household of 5:	<input type="checkbox"/> \$0 - \$14,390	<input type="checkbox"/> \$14,391 - \$21,585	<input type="checkbox"/> \$21,586 - \$28,780	<input type="checkbox"/> \$28,781 - \$35,975	<input type="checkbox"/> \$35,976+
Household of 6:	<input type="checkbox"/> \$0 - \$16,480	<input type="checkbox"/> \$16,481 - \$24,720	<input type="checkbox"/> \$24,721 - \$32,960	<input type="checkbox"/> \$32,961 - \$41,200	<input type="checkbox"/> \$41,201+
Household of 7:	<input type="checkbox"/> \$0 - \$18,570	<input type="checkbox"/> \$18,571 - \$27,855	<input type="checkbox"/> \$27,856 - \$37,140	<input type="checkbox"/> \$37,141 - \$46,425	<input type="checkbox"/> \$46,426+
Household of 8:	<input type="checkbox"/> \$0 - \$20,660	<input type="checkbox"/> \$20,661 - \$30,990	<input type="checkbox"/> \$30,991 - \$41,320	<input type="checkbox"/> \$41,321 - \$51,650	<input type="checkbox"/> \$51,651+

Name: _____

Date: _____

Signature: _____



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.

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):

- | | | | | | | | | |
|----------|--------------------------|----------------|--------------------------|---------------------|--------------------------|----------------------|--------------------------|------------|
| HH of 1: | <input type="checkbox"/> | \$0 - \$20,050 | <input type="checkbox"/> | \$20,051 - \$33,400 | <input type="checkbox"/> | \$33,401 - \$53,450 | <input type="checkbox"/> | \$53,451 + |
| HH of 2: | <input type="checkbox"/> | \$0 - \$22,900 | <input type="checkbox"/> | \$22,901 - \$38,200 | <input type="checkbox"/> | \$38,201 - \$61,050 | <input type="checkbox"/> | \$61,051 + |
| HH of 3: | <input type="checkbox"/> | \$0 - \$25,750 | <input type="checkbox"/> | \$25,751 - \$42,950 | <input type="checkbox"/> | \$42,951 - \$68,700 | <input type="checkbox"/> | \$68,701 + |
| HH of 4: | <input type="checkbox"/> | \$0 - \$28,600 | <input type="checkbox"/> | \$28,601 - \$47,700 | <input type="checkbox"/> | \$47,701 - \$76,300 | <input type="checkbox"/> | \$76,301 + |
| HH of 5: | <input type="checkbox"/> | \$0 - \$30,900 | <input type="checkbox"/> | \$30,901 - \$51,550 | <input type="checkbox"/> | \$51,551 - \$82,450 | <input type="checkbox"/> | \$82,451 + |
| HH of 6: | <input type="checkbox"/> | \$0 - \$33,200 | <input type="checkbox"/> | \$33,201 - \$55,350 | <input type="checkbox"/> | \$55,351 - \$88,550 | <input type="checkbox"/> | \$88,551 + |
| HH of 7: | <input type="checkbox"/> | \$0 - \$37,140 | <input type="checkbox"/> | \$37,141 - \$59,150 | <input type="checkbox"/> | \$59,151 - \$94,650 | <input type="checkbox"/> | \$94,651 + |
| HH of 8: | <input type="checkbox"/> | \$0 - \$41,320 | <input type="checkbox"/> | \$41,321 - \$63,000 | <input type="checkbox"/> | \$63,001 - \$100,750 | <input type="checkbox"/> | \$100,751+ |

Please check your Ethnicity: Hispanic or Latino Non-Hispanic / Non-Latino

Please check your Race (pick as many as apply):

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Black or African American | |

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 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