



Department of
Youth & Community
Development

Literacy Intake Form

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.

Applicant: _____ **Date:** _____

As parent/guardian, I give permission for my child.

Parent/guardian: _____ **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 of Parent/Guardian: _____ 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.

Household of 1:	<input type="checkbox"/> \$0 - \$ 6,070	<input type="checkbox"/> \$ 6,071 - \$ 9,105	<input type="checkbox"/> \$ 9,106 - \$12,140	<input type="checkbox"/> \$12,141 - \$15,175	<input type="checkbox"/> \$15,176+
Household of 2:	<input type="checkbox"/> \$0 - \$ 8,230	<input type="checkbox"/> \$ 8,231 - \$12,345	<input type="checkbox"/> \$12,346 - \$16,460	<input type="checkbox"/> \$16,461 - \$20,575	<input type="checkbox"/> \$20,576+
Household of 3:	<input type="checkbox"/> \$0 - \$10,390	<input type="checkbox"/> \$10,391 - \$15,585	<input type="checkbox"/> \$15,586 - \$20,780	<input type="checkbox"/> \$20,781 - \$25,975	<input type="checkbox"/> \$25,976+
Household of 4:	<input type="checkbox"/> \$0 - \$12,550	<input type="checkbox"/> \$12,551 - \$18,825	<input type="checkbox"/> \$18,826 - \$25,100	<input type="checkbox"/> \$25,101 - \$31,375	<input type="checkbox"/> \$31,376+
Household of 5:	<input type="checkbox"/> \$0 - \$14,710	<input type="checkbox"/> \$14,711 - \$22,065	<input type="checkbox"/> \$22,066 - \$29,420	<input type="checkbox"/> \$29,421 - \$36,775	<input type="checkbox"/> \$36,776+
Household of 6:	<input type="checkbox"/> \$0 - \$16,870	<input type="checkbox"/> \$16,871 - \$25,305	<input type="checkbox"/> \$25,306 - \$33,740	<input type="checkbox"/> \$33,741 - \$42,175	<input type="checkbox"/> \$42,176+
Household of 7:	<input type="checkbox"/> \$0 - \$19,030	<input type="checkbox"/> \$19,031 - \$28,545	<input type="checkbox"/> \$28,546 - \$38,060	<input type="checkbox"/> \$38,061 - \$47,575	<input type="checkbox"/> \$47,576+
Household of 8:	<input type="checkbox"/> \$0 - \$21,190	<input type="checkbox"/> \$21,191 - \$31,785	<input type="checkbox"/> \$31,786 - \$42,380	<input type="checkbox"/> \$42,381 - \$52,975	<input type="checkbox"/> \$52,976+

Name: _____ Date: _____

Signature: _____

