

Welcome to DYCD! The following form will allow you or your child to apply to a DYCD program. One application will be accepted per person per site. Submission of an application does not guarantee eligibility or enrollment in the program. Further paperwork and information may be required to determine program eligibility. If accepted, program will be at no cost to the participant. The following application items are collected for informational and program planning purposes only: *Gender, Race, Ethnicity, Language, Population Type, and Health Insurance Status*. Responses to these questions will not impact your status in receiving benefits or services and will not be shared without applicant's permission outside of DYCD. *Income, Household Information, and Education/Work Status* will only impact eligibility for select programs.

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 Gender (Select One): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Nonconforming		Applicant's Race (Select all that Apply): <input type="checkbox"/> American Indian and Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African- American <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other		Applicant's Ethnicity (Select One): <input type="checkbox"/> Hispanic or Latino(a) <input type="checkbox"/> Not Hispanic or Latino(a)	
Applicant's Primary Address (Number and Street):					Applicant's Apt. Number:
Applicant's City:				Applicant's Zip Code:	
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 Primary Language (Select One): <input type="checkbox"/> English <input type="checkbox"/> Albanian <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Chinese* <input type="checkbox"/> French <input type="checkbox"/> Fulani <input type="checkbox"/> German <input type="checkbox"/> Gujarati <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi <input type="checkbox"/> Hungarian <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Kru, Ibo, or Yoruba <input type="checkbox"/> Mande <input type="checkbox"/> Punjabi <input type="checkbox"/> Persian <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Romanian <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Turkish <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Yiddish <input type="checkbox"/> Other: _____			Other Languages Spoken by Applicant (Select all that Apply): <input type="checkbox"/> English <input type="checkbox"/> Albanian <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Chinese* <input type="checkbox"/> French <input type="checkbox"/> Fulani <input type="checkbox"/> German <input type="checkbox"/> Gujarati <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi <input type="checkbox"/> Hungarian <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Kru, Ibo, or Yoruba <input type="checkbox"/> Mande <input type="checkbox"/> Punjabi <input type="checkbox"/> Persian <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Romanian <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Turkish <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Yiddish <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not applicable (only one language spoken by applicant)	

*including Cantonese and Mandarin

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<p>Is the applicant any of the following:</p> <p>An Individual with a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer</p> <p>Parent/Legal Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Offender/Justice Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Foster Care Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Runaway Youth? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Active Military Personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If the applicant is disabled, please select disability type(s) (Select all that Apply):</p> <p><input type="checkbox"/> Cognitive impairment</p> <p><input type="checkbox"/> Hearing-related</p> <p><input type="checkbox"/> Learning disability</p> <p><input type="checkbox"/> Mental or Psychiatric</p> <p><input type="checkbox"/> Physical/Chronic Health Condition</p> <p><input type="checkbox"/> Physical/Mobility Impairment</p> <p><input type="checkbox"/> Vision-related</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Decline to Answer</p>
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Part II: Applicant's (or Parent/Guardian's) Contact Information

<input type="checkbox"/> Contact information below is for the applicant <input type="checkbox"/> Contact information below is for the parent/guardian	
<p>Phone Number #1</p> <p><input type="checkbox"/> Home</p> <p><input type="checkbox"/> Cell</p> <p><input type="checkbox"/> Work</p>	<p>Phone Number #2</p> <p><input type="checkbox"/> Home</p> <p><input type="checkbox"/> Cell</p> <p><input type="checkbox"/> Work</p>
<p>Email Address:</p> <p><input type="checkbox"/> No email address</p>	<p>Preferred Method of Contact:</p> <p><input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail</p>

Part III: Emergency Contact Information

<p>Emergency Contact Name:</p>	<p>Emergency Contact Primary Phone Number:</p> <p><input type="checkbox"/> Home</p> <p><input type="checkbox"/> Cell</p> <p><input type="checkbox"/> Work</p>
<p>Emergency Contact Email Address:</p> <p><input type="checkbox"/> No email address</p>	<p>Emergency Contact's Relationship to Applicant:</p> <p><input type="checkbox"/> Emergency contact is parent/guardian of applicant</p>

Part IV: Applicant's Education/Work Status

Applicant's School Type (Select One): <input type="checkbox"/> Full-Time Student** <input type="checkbox"/> Part-Time Student** <input type="checkbox"/> Not in School***		**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: <input type="checkbox"/> Pre-K <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th Middle School: <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th High School: <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th Community College: <input type="checkbox"/> 1 st year <input type="checkbox"/> 2 nd Year <input type="checkbox"/> 3 rd year <input type="checkbox"/> 4 th Year <input type="checkbox"/> 5 th year <input type="checkbox"/> 6 th Year+ College/University: <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior Other: <input type="checkbox"/> High School Equivalence (HSE) <input type="checkbox"/> Vocational/Trade School <input type="checkbox"/> Foreign Degree		
Applicant's current work status (Select One): <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Unemployed (Short-Term, 6 months or less) <input type="checkbox"/> Migrant Seasonal Farm Worker	<input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed (Long-term, more than 6 months) <input type="checkbox"/> Not applicable (applicant is under 14 years of age)	<input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Not in labor force)		

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): <input type="checkbox"/> Single Parent - Female <input type="checkbox"/> Two Adults – No Children <input type="checkbox"/> Single Person - No children <input type="checkbox"/> Single Parent - Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Other: _____			Applicant's Housing Type (Select One): <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> NYCHA <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Other: _____			
Applicant's Household Size (Select One): <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Six <input type="checkbox"/> Seven <input type="checkbox"/> Eight <input type="checkbox"/> Nine <input type="checkbox"/> Ten <input type="checkbox"/> Eleven <input type="checkbox"/> Twelve <input type="checkbox"/> Thirteen <input type="checkbox"/> Fourteen <input type="checkbox"/> Fifteen <input type="checkbox"/> Sixteen <input type="checkbox"/> Seventeen <input type="checkbox"/> Eighteen <input type="checkbox"/> Nineteen <input type="checkbox"/> Twenty+		Total Household Income in the last 12 Months (Select One): <input type="checkbox"/> \$0 <input type="checkbox"/> \$1 to \$12,060 <input type="checkbox"/> \$12,061 to \$16,240 <input type="checkbox"/> \$16,241 to \$20,420 <input type="checkbox"/> Decline to Answer <input type="checkbox"/> \$20,421 to \$24,600 <input type="checkbox"/> \$24,601 to \$28,780 <input type="checkbox"/> \$28,781 to \$32,960 <input type="checkbox"/> \$32,961 to \$37,140 <input type="checkbox"/> \$37,141 to \$41,320 <input type="checkbox"/> \$41,321 to \$50,000 <input type="checkbox"/> \$50,001 to \$60,000 <input type="checkbox"/> \$60,001 to \$70,000 <input type="checkbox"/> \$70,001 to \$80,000 <input type="checkbox"/> \$80,001 to \$90,000 <input type="checkbox"/> \$90,001 to \$100,000 <input type="checkbox"/> \$100,000+				
Sources of Applicant's Household Income: (Select all that Apply):						
<input type="checkbox"/> Employment Wages	<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> Alimony or other Spousal Support	<input type="checkbox"/> Child Support	<input type="checkbox"/> Childcare Voucher	<input type="checkbox"/> Earned Income Tax Credit (EITC)	<input type="checkbox"/> Employment Tax Credit
<input type="checkbox"/> General Assistance	<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> LIEHEAP	<input type="checkbox"/> Pension	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Private Disability Insurance
<input type="checkbox"/> Public Housing	<input type="checkbox"/> Safety Net/Home Relief	<input type="checkbox"/> Retirement Income from Social Security	<input type="checkbox"/> Social Security Disability Income (SSDI)	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> VA Non-Service Connected Disability Pension	<input type="checkbox"/> VA Service-Connected Disability Compensation	<input type="checkbox"/> WIC	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Decline to Answer

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Part VI: Applicant's Health Insurance Status

<p>Does the applicant have health insurance? (Select One):</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer</p>	<p>If yes, what kind of health insurance does the applicant have? (Check all that Apply)</p> <p> <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment-Based <input type="checkbox"/> State Children's Health Insurance for Adults <input type="checkbox"/> Decline to Answer </p>		
<p>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)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer</p>	<p>If you would like to be contacted about signing up for public health insurance, what is your preferred method of contact? (Select One):</p> <p><input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> US Mail <input type="checkbox"/> Via provider <input type="checkbox"/> Decline to Answer</p>		