

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 Primary Address (Number and Street):					Applicant's Apt. Number:
Applicant's City:				Zip Code:	
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 Gender Identity (Select all that Apply): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary (not Female or Male) <input type="checkbox"/> Gender Nonconforming <input type="checkbox"/> Two Spirit (Native American/First Nations) <input type="checkbox"/> Another Gender: _____ <input type="checkbox"/> Not Sure <input type="checkbox"/> Do not understand the question <input type="checkbox"/> Decline to Answer		Does the applicant identify as transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Do not understand the question <input type="checkbox"/> Decline to Answer	
Applicant's Gender Pronoun: <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Another Pronoun: _____ <input type="checkbox"/> Decline to Answer			Applicant's Sexual Orientation <input type="checkbox"/> Heterosexual (straight) <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Asexual <input type="checkbox"/> Queer <input type="checkbox"/> Questioning <input type="checkbox"/> Not Sure <input type="checkbox"/> Another Sexual Orientation: _____ <input type="checkbox"/> Decline to Answer		

The New York City Department of Youth & Community Development invests in a network of community-based organizations and programs to alleviate the effects of poverty and to provide opportunities for New Yorkers and communities to flourish.

<p>Applicant's Race (Select all that Apply):</p> <p><input type="checkbox"/> American Indian and Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African- American</p> <p><input type="checkbox"/> Middle Eastern/North African</p> <p><input type="checkbox"/> Native Hawaiian and Other Pacific Islander</p> <p><input type="checkbox"/> White or Caucasian</p> <p><input type="checkbox"/> Other: _____</p>	<p>Applicant's Ethnicity (Select One):</p> <p><input type="checkbox"/> Hispanic or Latinx</p> <p><input type="checkbox"/> Not Hispanic or Latinx</p>																																																																						
<p>How well does the applicant speak English? (Select One):</p> <p><input type="checkbox"/> Fluent/Very well</p> <p><input type="checkbox"/> Well</p> <p><input type="checkbox"/> Not well</p> <p><input type="checkbox"/> Not well at all</p>	<p>Applicant's Primary Language (Select One):</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> Albanian</td> <td><input type="checkbox"/> Arabic</td> </tr> <tr> <td><input type="checkbox"/> Bengali</td> <td><input type="checkbox"/> Chinese*</td> <td><input type="checkbox"/> French</td> </tr> <tr> <td><input type="checkbox"/> Fulani</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Gujarati</td> </tr> <tr> <td><input type="checkbox"/> Haitian Creole</td> <td><input type="checkbox"/> Hebrew</td> <td><input type="checkbox"/> Hindi</td> </tr> <tr> <td><input type="checkbox"/> Hungarian</td> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Japanese</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Kru, Ibo, or Yoruba</td> <td><input type="checkbox"/> Mande</td> </tr> <tr> <td><input type="checkbox"/> Punjabi</td> <td><input type="checkbox"/> Persian</td> <td><input type="checkbox"/> Polish</td> </tr> <tr> <td><input type="checkbox"/> Portuguese</td> <td><input type="checkbox"/> Romanian</td> <td><input type="checkbox"/> Russian</td> </tr> <tr> <td><input type="checkbox"/> Spanish</td> <td><input type="checkbox"/> Tagalog</td> <td><input type="checkbox"/> Turkish</td> </tr> <tr> <td><input type="checkbox"/> Urdu</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Yiddish</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table> <p style="text-align: right; font-size: small;"><i>*including Cantonese and Mandarin</i></p>	<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: _____			<p>Other Languages Spoken by Applicant (Select all that Apply):</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> Albanian</td> <td><input type="checkbox"/> Arabic</td> </tr> <tr> <td><input type="checkbox"/> Bengali</td> <td><input type="checkbox"/> Chinese*</td> <td><input type="checkbox"/> French</td> </tr> <tr> <td><input type="checkbox"/> Fulani</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Gujarati</td> </tr> <tr> <td><input type="checkbox"/> Haitian Creole</td> <td><input type="checkbox"/> Hebrew</td> <td><input type="checkbox"/> Hindi</td> </tr> <tr> <td><input type="checkbox"/> Hungarian</td> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Japanese</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Kru, Ibo, or Yoruba</td> <td><input type="checkbox"/> Mande</td> </tr> <tr> <td><input type="checkbox"/> Punjabi</td> <td><input type="checkbox"/> Persian</td> <td><input type="checkbox"/> Polish</td> </tr> <tr> <td><input type="checkbox"/> Portuguese</td> <td><input type="checkbox"/> Romanian</td> <td><input checked="" type="checkbox"/> Russian</td> </tr> <tr> <td><input type="checkbox"/> Spanish</td> <td><input type="checkbox"/> Tagalog</td> <td><input type="checkbox"/> Turkish</td> </tr> <tr> <td><input type="checkbox"/> Urdu</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Yiddish</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Not applicable (only one language spoken by applicant)</td> </tr> </table> <p style="text-align: right; font-size: small;"><i>*including Cantonese and Mandarin</i></p>	<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 checked="" 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)		
<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"/> 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 checked="" 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)																																																																							
<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 an individual with a disability, 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>																																																																						

The New York City Department of Youth & Community Development invests in a network of community-based organizations and programs to alleviate the effects of poverty and to provide opportunities for New Yorkers and communities to flourish.

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	
Phone Number #1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number #2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Email Address: <input type="checkbox"/> No email address	Preferred Method of Contact: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail		

Part III: Emergency Contact Information

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

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***	<p>**If applicant is a Part-Time Student or Full-Time Student: Please select applicant's current grade (Select One):</p> <p>***If applicant is Not in School: Please select the last grade completed by the applicant (Select One):</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Elementary School</td> <td><input type="checkbox"/> Pre-K</td> <td><input type="checkbox"/> K</td> <td><input type="checkbox"/> 1st</td> <td><input type="checkbox"/> 2nd</td> <td><input type="checkbox"/> 3rd</td> <td><input type="checkbox"/> 4th</td> <td><input type="checkbox"/> 5th</td> </tr> <tr> <td>Middle School</td> <td><input type="checkbox"/> 6th</td> <td><input type="checkbox"/> 7th</td> <td><input type="checkbox"/> 8th</td> <td colspan="4"></td> </tr> <tr> <td>High School</td> <td><input type="checkbox"/> 9th</td> <td><input type="checkbox"/> 10th</td> <td><input type="checkbox"/> 11th</td> <td><input type="checkbox"/> 12th</td> <td><input type="checkbox"/> Obtained High School Diploma</td> <td colspan="2"><input type="checkbox"/> Obtained High School Equivalency</td> </tr> <tr> <td>Community College</td> <td><input type="checkbox"/> 1st year</td> <td><input type="checkbox"/> 2nd year</td> <td><input type="checkbox"/> 3rd year</td> <td><input type="checkbox"/> 4th year+</td> <td colspan="3"><input type="checkbox"/> Obtained Associate's Degree</td> </tr> <tr> <td>Vocational/Trade School</td> <td colspan="7"><input type="checkbox"/> Some Vocational or Trade School credits, but no certificate or degree attained</td> </tr> <tr> <td></td> <td colspan="7"><input type="checkbox"/> Obtained a certificate or degree from a Vocational or Trade school</td> </tr> <tr> <td>4-Year College/University</td> <td><input type="checkbox"/> Freshman</td> <td><input type="checkbox"/> Sophomore</td> <td><input type="checkbox"/> Junior</td> <td><input type="checkbox"/> Senior</td> <td colspan="3"><input type="checkbox"/> Obtained Bachelor's Degree</td> </tr> <tr> <td>Master's Degree:</td> <td colspan="7"><input type="checkbox"/> Some Master's Degree credits, but no degree attained</td> </tr> <tr> <td></td> <td colspan="7"><input type="checkbox"/> Obtained Master's Degree</td> </tr> <tr> <td>Professional Degree</td> <td colspan="7"><input type="checkbox"/> Some Professional Degree credits (e.g. MD, DDS, DVM, LLB, JD), but no degree attained</td> </tr> <tr> <td></td> <td colspan="7"><input type="checkbox"/> Obtained Professional Degree (e.g. MD, DDS, DVM, LLB, JD)</td> </tr> <tr> <td>Doctorate Degree:</td> <td colspan="7"><input type="checkbox"/> Some Doctorate degree credits, but no degree attained</td> </tr> <tr> <td></td> <td colspan="7"><input type="checkbox"/> Obtained Doctorate Degree</td> </tr> <tr> <td>Other</td> <td colspan="3"><input type="checkbox"/> Obtained Foreign Degree</td> <td colspan="4"><input type="checkbox"/> No formal schooling attained</td> </tr> <tr> <td></td> <td colspan="7"><input type="checkbox"/> Obtained IEP Diploma</td> </tr> </table>	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	<input type="checkbox"/> Obtained High School Diploma	<input type="checkbox"/> Obtained High School Equivalency		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"/> Obtained Associate's Degree			Vocational/Trade School	<input type="checkbox"/> Some Vocational or Trade School credits, but no certificate or degree attained								<input type="checkbox"/> Obtained a certificate or degree from a Vocational or Trade school							4-Year College/University	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Obtained Bachelor's Degree			Master's Degree:	<input type="checkbox"/> Some Master's Degree credits, but no degree attained								<input type="checkbox"/> Obtained Master's Degree							Professional Degree	<input type="checkbox"/> Some Professional Degree credits (e.g. MD, DDS, DVM, LLB, JD), but no degree attained								<input type="checkbox"/> Obtained Professional Degree (e.g. MD, DDS, DVM, LLB, JD)							Doctorate Degree:	<input type="checkbox"/> Some Doctorate degree credits, but no degree attained								<input type="checkbox"/> Obtained Doctorate Degree							Other	<input type="checkbox"/> Obtained Foreign Degree			<input type="checkbox"/> No formal schooling attained					<input type="checkbox"/> Obtained IEP Diploma						
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	<input type="checkbox"/> Obtained High School Diploma	<input type="checkbox"/> Obtained High School Equivalency																																																																																																																			
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"/> Obtained Associate's Degree																																																																																																																				
Vocational/Trade School	<input type="checkbox"/> Some Vocational or Trade School credits, but no certificate or degree attained																																																																																																																								
	<input type="checkbox"/> Obtained a certificate or degree from a Vocational or Trade school																																																																																																																								
4-Year College/University	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Obtained Bachelor's Degree																																																																																																																				
Master's Degree:	<input type="checkbox"/> Some Master's Degree credits, but no degree attained																																																																																																																								
	<input type="checkbox"/> Obtained Master's Degree																																																																																																																								
Professional Degree	<input type="checkbox"/> Some Professional Degree credits (e.g. MD, DDS, DVM, LLB, JD), but no degree attained																																																																																																																								
	<input type="checkbox"/> Obtained Professional Degree (e.g. MD, DDS, DVM, LLB, JD)																																																																																																																								
Doctorate Degree:	<input type="checkbox"/> Some Doctorate degree credits, but no degree attained																																																																																																																								
	<input type="checkbox"/> Obtained Doctorate Degree																																																																																																																								
Other	<input type="checkbox"/> Obtained Foreign Degree			<input type="checkbox"/> No formal schooling attained																																																																																																																					
	<input type="checkbox"/> Obtained IEP Diploma																																																																																																																								

The New York City Department of Youth & Community Development invests in a network of community-based organizations and programs to alleviate the effects of poverty and to provide opportunities for New Yorkers and communities to flourish.

Applicant's current work status (Select One):	<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Retired
	<input type="checkbox"/> Unemployed (Short-Term, 6 months or less)	<input type="checkbox"/> Unemployed (Long-term, more than 6 months)	<input type="checkbox"/> Unemployed (Not in labor force)
	<input type="checkbox"/> Migrant Seasonal Farm Worker	<input type="checkbox"/> Not applicable (applicant is under 14 years of age)	

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):	
<input type="checkbox"/> Single Parent - Female	<input type="checkbox"/> Two Adults – No Children	<input type="checkbox"/> Single Person - No children	<input type="checkbox"/> Own
<input type="checkbox"/> Single Parent - Male	<input type="checkbox"/> Two Parent Household	<input type="checkbox"/> Multigenerational Household	<input type="checkbox"/> Rent
<input type="checkbox"/> Non-related adults with children	<input type="checkbox"/> Other: _____		<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):		Applicant's Household 12-Month Gross Income:	
<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+
		\$ _____	
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"/> General Assistance	<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> LIEHEAP
<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"/> 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"/> Childcare Voucher	<input type="checkbox"/> Pension
		<input type="checkbox"/> Earned Income Tax Credit (EITC)	<input type="checkbox"/> Permanent Supportive Housing
		<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)
		<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Employment Tax Credit	<input type="checkbox"/> Private Disability Insurance
		<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Decline to Answer

Part VI: Applicant's Health Insurance Status

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

The New York City Department of Youth & Community Development invests in a network of community-based organizations and programs to alleviate the effects of poverty and to provide opportunities for New Yorkers and communities to flourish.

Part VII: 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, s 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

I acknowledge that I am 18 years of age or older.

Yes No

If you are 18 and over:

Full Name of Participant

Signature

Date

If you are under 18 years old:

Full Name of Participant

Parent's/Guardian's Signature

Date

The New York City Department of Youth & Community Development invests in a network of community-based organizations and programs to alleviate the effects of poverty and to provide opportunities for New Yorkers and communities to flourish.

Consent for Emergency Medical Treatment

FOR ADULT PARTICIPANTS (AGE 18 AND OVER):

I am 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 to be obtained on my behalf. I further authorize the emergency contact listed below to be contacted.

Yes No

Full Name of Participant

Participant's Signature

Date

In the event of a medical emergency, I designate the following person as an emergency contact:

Name of Emergency Contact

Phone Number

Relationship to Me

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)

Part VIII: Additional Literacy and Immigrant Services Questions

Applicant's Health Information (OPTIONAL)

*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? (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 below or N/A

Please list any accommodation(s) you are requesting for yourself/the applicant below or N/A

Literacy & Immigrant Services Application

Applicant's Country of Origin: _____	Does the Applicant Receive ACS Preventative Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to be contacted by someone 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? <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 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? <input type="checkbox"/> Via this Provider <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> US Mail	



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 18 and over:

I acknowledge that I am 18 years of age or older and am authorized to give consent.

Yes No

Full Name of Participant	Participant's Signature	Date
--------------------------	-------------------------	------

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
------------------------------	-----------------------------	------

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.

Household of 1:	<input type="checkbox"/> \$0 - \$ 6,245	<input type="checkbox"/> \$ 6,246 - \$ 9,367	<input type="checkbox"/> \$ 9,368 - \$12,490	<input type="checkbox"/> \$12,491 - \$15,613	<input type="checkbox"/> \$15,614+
Household of 2:	<input type="checkbox"/> \$0 - \$ 8,455	<input type="checkbox"/> \$ 8,456 - \$12,682	<input type="checkbox"/> \$12,683 - \$16,910	<input type="checkbox"/> \$16,911 - \$21,138	<input type="checkbox"/> \$21,139+
Household of 3:	<input type="checkbox"/> \$0 - \$10,665	<input type="checkbox"/> \$10,666 - \$15,997	<input type="checkbox"/> \$15,998 - \$21,330	<input type="checkbox"/> \$21,331 - \$26,663	<input type="checkbox"/> \$26,664+
Household of 4:	<input type="checkbox"/> \$0 - \$12,875	<input type="checkbox"/> \$12,876 - \$19,312	<input type="checkbox"/> \$19,313 - \$25,750	<input type="checkbox"/> \$25,751 - \$32,188	<input type="checkbox"/> \$32,189+
Household of 5:	<input type="checkbox"/> \$0 - \$15,085	<input type="checkbox"/> \$15,086 - \$22,627	<input type="checkbox"/> \$22,628 - \$30,170	<input type="checkbox"/> \$30,171 - \$37,713	<input type="checkbox"/> \$37,714+
Household of 6:	<input type="checkbox"/> \$0 - \$17,295	<input type="checkbox"/> \$17,296 - \$25,942	<input type="checkbox"/> \$25,943 - \$34,590	<input type="checkbox"/> \$34,591 - \$43,238	<input type="checkbox"/> \$43,239+
Household of 7:	<input type="checkbox"/> \$0 - \$19,505	<input type="checkbox"/> \$19,506 - \$29,257	<input type="checkbox"/> \$29,258 - \$39,010	<input type="checkbox"/> \$39,011 - \$48,763	<input type="checkbox"/> \$48,764+
Household of 8:	<input type="checkbox"/> \$0 - \$21,715	<input type="checkbox"/> \$21,716 - \$32,572	<input type="checkbox"/> \$32,572 - \$43,430	<input type="checkbox"/> \$43,431 - \$54,288	<input type="checkbox"/> \$54,289+

For families/households with more than 8 persons, add \$4,420 for each additional person then multiply by 1.25 for the Poverty Guideline.

Applicant's Name: _____

Applicant/Parent/Guardian's Signature: _____ **Date:** _____

(Signature of a parent or guardian person to receive services is a minor)

The New York City Department of Youth & Community Development invests in a network of community-based organizations and programs to alleviate the effects of poverty and to provide opportunities for New Yorkers and communities to flourish.

Literacy & Immigrant Services Application

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.

Household of 1:	<input type="checkbox"/> \$0 - \$22,400	<input type="checkbox"/> \$22,401 - \$37,350	<input type="checkbox"/> \$37,351 - \$59,750	<input type="checkbox"/> \$59,751+
Household of 2:	<input type="checkbox"/> \$0 - \$25,600	<input type="checkbox"/> \$25,601 - \$42,700	<input type="checkbox"/> \$42,701 - \$68,300	<input type="checkbox"/> \$68,301+
Household of 3:	<input type="checkbox"/> \$0 - \$28,800	<input type="checkbox"/> \$28,801 - \$48,050	<input type="checkbox"/> \$48,051 - \$76,850	<input type="checkbox"/> \$76,851+
Household of 4:	<input type="checkbox"/> \$0 - \$32,000	<input type="checkbox"/> \$32,001 - \$53,350	<input type="checkbox"/> \$53,351 - \$85,350	<input type="checkbox"/> \$85,351+
Household of 5:	<input type="checkbox"/> \$0 - \$34,600	<input type="checkbox"/> \$34,601 - \$57,650	<input type="checkbox"/> \$57,651 - \$92,200	<input type="checkbox"/> \$92,201+
Household of 6:	<input type="checkbox"/> \$0 - \$37,150	<input type="checkbox"/> \$37,151 - \$61,900	<input type="checkbox"/> \$61,901 - \$99,050	<input type="checkbox"/> \$99,051+
Household of 7:	<input type="checkbox"/> \$0 - \$39,700	<input type="checkbox"/> \$39,701 - \$66,200	<input type="checkbox"/> \$66,201 - \$105,850	<input type="checkbox"/> \$105,851+
Household of 8:	<input type="checkbox"/> \$0 - \$43,430	<input type="checkbox"/> \$43,431 - \$70,450	<input type="checkbox"/> \$70,451 - \$112,700	<input type="checkbox"/> \$112,701+

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

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/Parent/Guardian's Signature: _____

(Signature of a parent or guardian if applicant is a minor) **Date:** _____

DO NOT WRITE BELOW THIS LINE; TO BE COMPLETED BY STAFF MEMBER ONLY								
Income Classification:	E.L.I.	<input type="checkbox"/>	L.I.	<input type="checkbox"/>	M.I.	<input type="checkbox"/>	Non-L.M.I.	<input type="checkbox"/>
Name of Organization Staff Member		Date						

The New York City Department of Youth & Community Development invests in a network of community-based organizations and programs to alleviate the effects of poverty and to provide opportunities for New Yorkers and communities to flourish.