

[illegible]

Applicant's Primary Address (Number and Street)																	Apt. #		

Borough												Zip Code					

Applicant's (or Parent/Guardian's) Cell Phone Number **Applicant's (or Parent/Guardian's) Home Phone Number**

Applicant's Email Address												Applicant's Preferred Method of Contact			
												<input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email <input type="checkbox"/> Other: _____			

Emergency Contact Name												Emergency Contact Phone Number											
															-				-				

Applicant's Date of Birth (MM/DD/YYYY)			Applicant's Sex		Applicant's Ethnicity (Select One)		Applicant's Race (Select all that apply)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> American Indian & Alaskan Native
<input type="text"/>	<input type="text"/>	<input type="text"/>					<input type="checkbox"/> Native Hawaiian & Other Pacific Islander	<input type="checkbox"/> Asian
							<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Other: _____

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.

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 (before taxes) 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 the last 12 months.

Household Size

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

Total gross annual income in last 12 months

- ☐ \$0 ☐ \$1 to \$11,880 ☐ \$11,881 to \$16,020 ☐ \$16,021 to \$20,160
☐ \$20,161 to \$24,300 ☐ \$24,301 to \$28,440 ☐ \$28,441 to \$32,580 ☐ \$32,581 to \$36,730
☐ \$36,731 to \$40,890 ☐ \$40,891 to \$50,000 ☐ \$50,001 to \$60,000 ☐ \$60,001 to \$70,000
☐ \$70,001 to \$80,000 ☐ \$80,001 to \$90,000 ☐ \$90,001 to \$100,000 ☐ \$100,000+
☐ Decline to answer

Head of Household Type: (Select all that apply)

- ☐ Single Parent – Female ☐ Two Adults – No Children ☐ Single Person – No children
☐ Single Parent – Male ☐ Two Parent Household ☐ Other

Applicant's housing type: (Select One)

- ☐ Own ☐ Rent ☐ Shelter
☐ Homeless ☐ Runaway Youth ☐ Other: _____
☐ NYCHA: Development _____

Applicant's School Type (Select One)

- ☐ Full-Time Student ☐ Part-Time Student ☐ Not in School

Current Grade (Select One)

- Elementary School:** ☐ Pre-K ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th **Middle School:** ☐ 6th ☐ 7th ☐ 8th **High School:** ☐ 9th ☐ 10th ☐ 11th ☐ 12th
Community College: ☐ 1st yr. ☐ 2nd yr. ☐ 3rd yr. ☐ 4th yr. ☐ 5th yr. ☐ 6th yr. + **College/University:** ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior
Other: ☐ High School Equivalency (HSE) ☐ Vocational/Trade School ☐ Foreign Degree

Is applicant or is any member of the household (0 – 64 years of age) covered by Medicare, Medicaid, Child Health Plus, or private medical insurance? (Select One)

- ☐ Yes ☐ No

If no, do you want to be contacted by someone else with information about signing up for public health insurance programs? (Select One)

- ☐ Yes ☐ No

If yes, how would you like to be contacted about this issue? (Select One)

- ☐ Email ☐ Phone ☐ U.S. Mail ☐ Via provider

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

- ☐ Employment Wages ☐ Unemployment Wages
☐ Supplemental Nutrition Assistance Program (SNAP) ☐ Temporary Assistance for Needy Families (TANF)
☐ Social Security ☐ Supplemental Security Insurance (SSI)
☐ Workers' Compensation ☐ Safety Net/Home Relief
☐ Pension

Is the applicant any of the following: (Select all that Apply)

- ☐ Disabled ☐ Parent/Guardian ☐ Foster Care Participant
☐ Offender/Justice Involved ☐ Veteran ☐ Decline to answer

Would you be interested in registering to vote? (Select One)

- ☐ Yes ☐ No

Please answer all the Beacon/Cornerstone specific questions below to help us provide quality services. Those marked with an asterisk (*) are mandatory. If there is a question that you do not understand, please seek help. You can speak with a worker at the CBO that operates the program or call 311 and request the DYCD Youth Hotline. DYCD also has a website www.nyc.gov/dycd and can be followed on Facebook and Twitter for additional information on DYCD services.

School Information

- Student ID/OSIS: _____
- School Type: ☐Public ☐Charter ☐Private ☐Other
- School Name: _____
- School Address: _____ Borough: _____ Zip Code: _____

Participant Safety: If there is an emergency, please contact the following individuals.

1	NAME*		
	Pick Up*	<input type="checkbox"/> This person may pick up my child.	
	Address		
	City, State		
	Zip Code		
		RELATIONSHIP TO PARTICIPANT:	
			Write down all numbers and circle the best number to call in case of an emergency:
		Contact	<input type="checkbox"/> Home _____
			<input type="checkbox"/> Cell _____
			<input type="checkbox"/> Work _____
			<input type="checkbox"/> Email* _____ <input type="checkbox"/> No Email

2	NAME*		
	Pick Up*	<input type="checkbox"/> This person may pick up my child.	
	Address		
	City, State		
	Zip Code		
		RELATIONSHIP TO PARTICIPANT:	
			Write down all numbers and circle the best number to call in case of an emergency:
		Contact	<input type="checkbox"/> Home _____
			<input type="checkbox"/> Cell _____
			<input type="checkbox"/> Work _____
			<input type="checkbox"/> Email* _____ <input type="checkbox"/> No Email

Participant Health Information: Please check any of the following that pertain to the participant. Many needs or health challenges can be accommodated and may not limit enrollment in the program.

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Allergies to food | <input type="checkbox"/> Behavioral/Emotional Issues | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Allergies to medications | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Individualized Education Plan | <input type="checkbox"/> Disabilities |
| <input type="checkbox"/> Allergies other (please Specify) | <input type="checkbox"/> Congestive Illness (e.g., heart murmur/disease, blood pressure) | <input type="checkbox"/> Obesity | <input type="checkbox"/> Pregnant |
| | <input type="checkbox"/> Corrective Devices (e.g., crutches, hearing aid, eye glasses) | <input type="checkbox"/> Other (please specify) | |
| <input type="checkbox"/> Asthma | | | |

Check off all that apply.

- ☐ Does your child have special health care needs that require treatment and/or medication?
 - ☐ Does your child take medication for any condition or illness?
 - ☐ Updated Medical Information on File:
 - ☐ Are there any activities your child cannot participate in? (If so, please specify below)
- Activities your child cannot participate in: _____



This section is only for parents enrolling their children.



Pick-up/Dismissal Information:

My child has permission to walk home alone at dismissal. ☐ Yes ☐ No

My child MAY NOT be picked up by: _____

Signatures:

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 or to access additional funding.

I have completed this application for my child.

Parent/Guardian: _____
(Print) (Sign) (Date)

I have completed this application for myself.

Applicant: (18 and older) _____
(Print) (Sign) (Date)

Organization: _____

Intake Specialist/Staff: _____ Date: _____

Parent/Guardian Consent

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.

Consent to Collect and Share Student Information

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); and data related to any disciplinary actions taken against your child (including number and type of suspensions).

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.

Who will see my child's information and how will it be safeguarded?

The only people who will see your child's individual information are DYCD and DOE staff who manage the data systems and prepare research reports and program analyses. The limited number of DYCD staff identified to receive personal information is screened, and provided extensive training to follow strict guidelines on protecting the confidentiality of information that would personally identify you or your child. Personally identifiable information collected from student records will only be shared electronically between DOE and DYCD and will be secured and protected in the DYCD data base. Personally identifiable information will not be shared with any community based organizations or their staff members.

We will not use your name or your child's name in any published report. While we request your consent, your responses to the below requests will not affect your child's participation in DYCD sponsored programs.

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 my permission** ☐ **No, I do not give my 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 my permission** ☐ **No, I do not give my permission**

Student/Applicant Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Additional Parent/Guardian Name: _____

Additional Parent/Guardian Signature: (optional) _____

Consent for Photo/Videotaping and Use of Youth Work

Please be aware that sometimes staff, photographers, newspapers, television reporters, media representatives and public relations personnel may be present during program activities and special events, both at off-site events and events taking place in the usual program location. In some cases, they may photograph, videotape, interview or otherwise record children who participate in these events. The resulting images, videos and interviews may be used solely for non-profit, non-commercial purposes in printed and electronic media such as brochures, books, print and email newsletters, DVDs and videos, websites, social media and blogs (collectively, "Media"). These images, videos and interviews may be used by DYCD and third-party organizations that collaborate with DYCD, without compensation and without further approval, solely for non-profit, non-commercial purposes.

If, in the course of participating in program activities or special events, any original work is created by a participant, DYCD may use the created work in any and all Media to promote the program or for other informational, non-profit and non-commercial purposes, without compensation and without further approval.

- I understand my child may be photographed, interviewed or otherwise recorded during program activities and special events and give permission for my child to be photographed, interviewed or otherwise recorded solely for non-profit, non-commercial purposes of the program.
☐ Yes, I give my permission ☐ No, you do not have permission
- I understand that my child's work may be used in materials that promote programs, solely for non-profit, non-commercial purposes of the program.
☐ Yes, I give my permission ☐ No, you do not have permission

Consent for Emergency Medical Treatment

I give authority to the Program Agency's staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I understand that every effort will be made to contact me before and after medical care is provided.

☐ Yes, I give permission ☐ No, I do not give permission

Consent Statement

I the undersigned, certify that I have reviewed all the above consent statements and indicated my wishes. I understand that consent is voluntary and I can withdraw it in writing at any time.

Student/Applicant Name

Student Signature (*if 18 or older*)

Parent/Guardian Name

Parent/Guardian Signature Date

Additional Parent/Guardian Name (*optional*)

Additional Parent/Guardian Signature Date



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