



Office Use Only

Date Application Received:

Enrollment Date:

Intake Specialist/Staff:

Additional Information:



Search for and apply to DYCD Programs Online!

<https://discoverdycd.dycdconnect.nyc/home>

DYCD Universal Participant Intake: Youth Application (13 Years and Younger)

Welcome to the Department of Youth and Community Development (DYCD)! This form lets you or your child apply to a DYCD Comprehensive Afterschool System (COMPASS), Beacon or Cornerstone youth program. You can only submit one application per person per location. Submitting a form does not guarantee eligibility or enrollment in the program and we might ask for more information to see if you are eligible. If accepted, the program will not cost you anything. We collect some information like *Gender, Race, Ethnicity, Language, and Health Insurance* status for planning purposes only. Your answers to these questions will not affect your status to benefits or services and will not be shared outside of DYCD without your permission. *Income, Household Information, and Education/Work* status might affect eligibility for certain programs. Gathering your information helps DYCD see who benefits from our programs. This helps us make our programs better and allows DYCD to continue giving communities the support they need.

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):
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Applicant's Primary Address (Number and Street):	Applicant's Apt. Number:
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Applicant's City:	Zip Code:
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Applicant Lives in a NYCHA Development (Please Provide Name)

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 Race/Ethnicity (Select all that Apply): <input type="checkbox"/> American Indian and Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx/e/a/o <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Decline to Answer	Is the applicant any of the following: <table border="0"> <tr> <td>An Individual with a Disability?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer</td> </tr> <tr> <td>Parent/Legal Guardian?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Offender/Justice Involved?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Foster Care Participant?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Runaway Youth?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Veteran?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Active Military Personnel?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	An Individual with a Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer	Parent/Legal Guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Offender/Justice Involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Care Participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Runaway Youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Active Military Personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
An Individual with a Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer															
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Offender/Justice Involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No															
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Runaway Youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No															
Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No															
Active Military Personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No															
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																

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<p>If of Native Hawaiian or Other Pacific Islander origin, please select from the following (Select All That Apply):</p> <p><input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Fijian <input type="checkbox"/> Tongan <input type="checkbox"/> Other: _____</p>	<p>If of Asian origin, please select from the following (Select All That Apply):</p> <p><input type="checkbox"/> Chinese <input type="checkbox"/> Indonesian <input type="checkbox"/> Japanese <input type="checkbox"/> Malaysian <input type="checkbox"/> Filipino <input type="checkbox"/> Pakistani <input type="checkbox"/> North <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Korean <input type="checkbox"/> Taiwanese <input type="checkbox"/> South <input type="checkbox"/> Nepalese <input type="checkbox"/> Korean <input type="checkbox"/> Burmese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tibetan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Thai <input type="checkbox"/> Laotian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Cambodian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Hmong</p>	<p>If of Hispanic or Latinx/e/a/o origin, please select from the following (Select All That Apply):</p> <p><input type="checkbox"/> Mexican, Mexican American, Chicana/o <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Central American (including Salvadoran, Guatemalan, Honduran, etc.) <input type="checkbox"/> South American (including Ecuadorian, Colombian, Venezuelan, Panamanian etc.) <input type="checkbox"/> Another Hispanic, Latinx/e/a/o, Spanish Origin: _____</p>
<p>Applicant's Primary Language (Select One):</p> <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> <p><i>*including Cantonese and Mandarin</i></p>		<p>Other Languages Spoken by Applicant (Select all that Apply):</p> <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> <p><input type="checkbox"/> Not applicable (only one language spoken by applicant)</p> <p><i>*including Cantonese and Mandarin</i></p>
<p>Did you or any member of your household serve in the armed forces, national guard, or reserves of the United States?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, would you or your household member want to be contacted by the NYC Department of Veteran's Services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Would the applicant like to receive information/ be contacted about registering to vote?* (Select One):</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>*Applicant is eligible to vote in U.S. federal elections if: 1) You are a U.S. citizen; 2) You meet your state's residency requirements; 3) You are 18 years old. Some states allow 17-year-olds to vote in primaries and/or register to vote if they will be 18 before the general election. Check your state's voter registration age requirements.</small></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 <input type="checkbox"/> Hearing-related <input type="checkbox"/> Learning disability <input type="checkbox"/> Mental or Psychiatric <input type="checkbox"/> Physical/Chronic Health Condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Vision-related <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Decline to Answer</p>

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How did you learn about the DYCD program(s) you're applying to? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Advertisement
<input type="checkbox"/> Called 311
<input type="checkbox"/> discoverDYCD
<input type="checkbox"/> DYCD Community Connect
<input type="checkbox"/> DYCD Social Media
<input type="checkbox"/> Family member, friend or neighbor
<input type="checkbox"/> House of worship
<input type="checkbox"/> Media (newspaper, radio, TV, etc.) | <input type="checkbox"/> Referred by a Government agency
<input type="checkbox"/> Referred by another organization where I was receiving services (i.e., case management, senior center, shelter, etc.)
<input type="checkbox"/> School
<input type="checkbox"/> Street fair, special event or street outreach
<input type="checkbox"/> Website (please specify which) _____
<input type="checkbox"/> Word of mouth
<input type="checkbox"/> Other (please specify) _____ |
|---|---|

Part II: Applicant's Contact Information

Contact information below is for the applicant

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
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Parent/Guardian's Email Address (Required):	Preferred Method of Contact:
	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail

Parent/Guardian's Contact Information: *This section is required for Applicants under 18*

Contact information below is for the parent/guardian

Parent/Guardian Name:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
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Address: <input type="checkbox"/> Same as applicant	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

1	Emergency Contact #1 Name:	Emergency Contact Primary Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
	Emergency Contact Address: <input type="checkbox"/> Same as applicant	Emergency Contact's Relationship to Applicant:	
		<input type="checkbox"/> Emergency contact is parent/guardian of applicant	
2	Emergency Contact #2 Name:	Emergency Contact Primary Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
	Emergency Contact Address: <input type="checkbox"/> Same as applicant	Emergency Contact's Relationship to Applicant:	
		<input type="checkbox"/> Emergency contact is parent/guardian of applicant	

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This section is for Parents/guardians enrolling their children

Emergency contacts listed in Section II are authorized to pick up the child unless otherwise noted.
The following additional people are authorized to pick up my child:

Name: _____	Phone #: _____	Relationship: _____
Name: _____	Phone #: _____	Relationship: _____
Name: _____	Phone #: _____	Relationship: _____

The following people MAY NOT pick up my child:

Name: _____ **Name:** _____ **Name:** _____

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 <i>Part-Time Student</i> or <i>Full-Time Student</i>: Please select applicant's current grade (Select One):</p> <p>***If applicant is <i>Not in School</i>: 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: 15%;">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 colspan="2"><input type="checkbox"/> 6th</td> <td colspan="3"><input type="checkbox"/> 7th</td> <td colspan="2"><input type="checkbox"/> 8th</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 colspan="2"><input type="checkbox"/> 1st Year</td> <td colspan="2"><input type="checkbox"/> 2nd Year</td> <td colspan="2"><input type="checkbox"/> 3rd Year</td> <td><input type="checkbox"/> 4th Year</td> <td><input type="checkbox"/> Obtained Associate's Degree</td> </tr> <tr> <td>Vocational/Trade School</td> <td colspan="4"><input type="checkbox"/> Some Vocational or Trade school credits, but no certificate or degree attained</td> <td colspan="4"><input type="checkbox"/> Obtained a certificate or degree from a Vocational or Trade school</td> </tr> <tr> <td>4-Year College/University</td> <td colspan="2"><input type="checkbox"/> Freshman</td> <td colspan="2"><input type="checkbox"/> Sophomore</td> <td colspan="2"><input type="checkbox"/> Junior</td> <td><input type="checkbox"/> Senior</td> </tr> <tr> <td>Master's Degree:</td> <td colspan="4"><input type="checkbox"/> Some masters' degree credit, but no degree attained</td> <td colspan="4"><input type="checkbox"/> Obtained Master's Degree</td> </tr> <tr> <td>Professional Degree</td> <td colspan="4"><input type="checkbox"/> Some Professional Degree credits (e.g. MD, DDS, DVM, LLB, JD) but no degree attained</td> <td colspan="4"><input type="checkbox"/> Obtained Professional Degree (e.g. MD, DDS, DVM, LLB, JD)</td> </tr> <tr> <td>Doctorate Degree:</td> <td colspan="4"><input type="checkbox"/> Some Doctorate degree credits, but no degree attained</td> <td colspan="4"><input type="checkbox"/> Obtained Doctorate Degree</td> </tr> <tr> <td>Other</td> <td colspan="4"><input type="checkbox"/> Obtained Foreign Degree</td> <td colspan="4"><input type="checkbox"/> No Formal Schooling Attained</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	Master's Degree:	<input type="checkbox"/> Some masters' degree credit, 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			
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																																																																																
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Other	<input type="checkbox"/> Obtained Foreign Degree				<input type="checkbox"/> No Formal Schooling Attained																																																																																		

Required for Full-Time Students

Student ID/OSIS: _____	School Type: <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Other: _____
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School Name: _____

School Address: _____	City: _____	Zip Code: _____
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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 Parent - Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person- No children <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"/> NYCHA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Rent <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Other Permanent Housing
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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+	Estimated Household Income in the last 12 months: \$ _____ (ex. \$45,000) <input type="checkbox"/> Decline to Answer
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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

Part VI: Applicant's Health Information

Does the applicant have health insurance? (Select One): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	If yes, what kind of health insurance does the applicant have? (Check all that Apply) <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Medicaid</td> <td><input type="checkbox"/> Medicare</td> <td><input type="checkbox"/> State Children's Health Insurance Program</td> <td><input type="checkbox"/> Military Health Care</td> </tr> <tr> <td><input type="checkbox"/> Direct-Purchase</td> <td><input type="checkbox"/> Employment-Based</td> <td><input type="checkbox"/> State Children's Health Insurance for Adults</td> <td><input type="checkbox"/> Decline to Answer</td> </tr> </table>	<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
<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						
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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	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"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> US Mail <input type="checkbox"/> Via provider <input type="checkbox"/> Decline to Answer								



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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 (e.g., food, medication, etc.)?

No Yes _____

Does the applicant have asthma?

No Yes _____

Does the applicant have special health care needs?

No Yes _____

Does the applicant take medication for any condition or illness?

No Yes _____

Are there activities the applicant cannot participate in?

No Yes _____

Please provide any additional health information details:

N/A

Please list any accommodation(s) you are requesting for yourself/the applicant:

N/A



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Part VII: Consents and Signatures

Pick-up/Dismissal Information

This question **must** be answered for parents/guardians enrolling their children

My child has permission to travel home alone at dismissal:

Yes No

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.

If participant is 18 and over:

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

Yes No

Participant's Signature

Participant: Print Name

Date

If participant is under 18 years old:

Parent/Guardian's Signature

Parent/Guardian: Print Name

Date

Consent for Emergency Medical Treatment

If participant is 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(s) listed to be contacted.

Yes, I give my permission

No, I do not give permission

Participant's Signature

Participant: Print Name

Date

If participant is under 18 years old:

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(s) listed, before and after medical care is provided.

Yes, I give my permission

No, I do not give permission

Parent/Guardian's Signature

Parent/Guardian: Print Name

Date



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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, 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

If participant 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 participant is under 18 years old:

Full Name of Participant

Parent/Guardian's Signature

Date



DYCD Universal Participant Intake: Youth & Adult Application (Age 14+)

Parent/Guardian Consent to Collect and Share Student Information

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.

What information from your child’s student records is DYCD requesting?

We are requesting your permission for the New York City Public Schools (NYCPS) 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 NYCPS 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 NYCPS 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 NYCPS and DYCD and will be secured and protected in the DYCD database. 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 NYCPS 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 NYCPS staff and I give my permission to DYCD to share information with NYCPS 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 (optional): _____

Additional Parent/Guardian Signature (optional): _____

DYCD Universal Participant Intake: Youth Application (13 Years and Younger)

Consent to Make Referrals and Share Information

The New York City Department of Youth and Community (DYCD) invests in programs and services to help our communities and the people who live here. We want to make sure you know about them and make it easy for you to apply.

Why we need your consent

With it, we can:

- decide if you are eligible for services;
- send you information about DYCD-funded programs and services you can apply for;
- send you information about research activities, focus groups, and surveys related to program improvement;
- share information from your DYCD Participant Application with the programs you apply for; and
- track the results of the services you receive.

What we share

We'll only give information to show you qualify or help you enroll in DYCD-funded programs.

Who sees your information and how we protect it

Only authorized employees at DYCD and the programs DYCD funds can see it.

Please read below, check one of the boxes, and fill in the rest.

I understand that DYCD needs my consent to:

- decide if I am eligible for services;
- send me information about programs and services I can apply for;
- refer me to DYCD-funded programs;
- send me information about research activities, focus groups, and surveys related to program improvement;
- share information from my DYCD Participant Application with the programs I apply for; and
- track the results of the services I receive.

Yes, I give my consent. No, I do not give my consent.

Full Name of Participant (please print)

Signature of Participant (or Parent/Guardian for participants under 18 years old)

Date

Parent Involvement

Parent First Name: _____

Parent Last Name: _____

Home Phone Number: _____

Work Phone: _____

Mobile Number: _____

Email: _____

I give New York Edge permission to email special alerts, announcements and student information. You may opt out at any time.

I give New York Edge permission to text my mobile number with special alerts, announcements and student information. You may opt out anytime, standard text messaging rates may apply as provided in your wireless plan.

I give New York Edge permission to call/robo call my phone number with special alerts, announcements and student information. You may opt out anytime, standard text messaging rates may apply as provided in your wireless plan.

What kind of work do you do?

What is your company affiliation (optional):

I would like to support New York Edge programs by (Check areas of interest):

Becoming a volunteer:

Fall (September-December)

Winter (January-March)

Spring (April-June)

Summer (July- August)

Getting my company involved

Advocating for after school programs

Following New York Edge on social media

Directing donations to New York Edge (in-kind or monetary)

Other:

Certification Statement

I certify that all information on this form is true and correct. I understand that my statements are subject to verification. I agree and accept that I will abide by all applicable rules and regulations of this program. I consent to the enrollment and participation of the child listed above in this program.

Parent/Guardian Print: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



WAIVERS AND CONSENTS

WAIVER OF LIABILITY: I recognize that activities to be engaged in by participants during New York Edge programs may result in personal injury or property damage. I hereby release and hold harmless New York Edge from any and all claims I or my child may have arising from, or in connection with, participation in the program. Such release includes, but is not limited to, any claims, demands or causes of action for injuries to my child, except where due to the negligence of New York Edge.

E-LEARNING CONSENT: I understand that at times my participant may have to engage in E-learning to participate in New York Edge programs. New York Edge will be facilitating any required E-learning, including in response to COVID-19 related closures, through the Google Classroom and Zoom platforms.

I provide consent for my child to participate in New York Edge E-learning opportunities using the Google Classroom platform and Zoom.

For additional information about E-Learning platforms, please visit:

https://gsuite.google.com/terms/education_privacy.html (Google Classroom)

<https://zoom.us/terms> (Zoom)

PHOTO/VIDEO CONSENT: I consent for my participant to be photographed or otherwise recorded during New York Edge events and activities, whether in school or away from school. I give my permission for any and all such photographs and/or recordings to be displayed by New York Edge in any lawful medium (books, newsletters, websites, social media, etc.) now or in the future, for which neither I or my participant shall receive ownership rights or monetary compensation.

INTERVIEW/SURVEY CONSENT: I understand that New York Edge holds events, both in-school and away from school, at which media representatives, television reporters, photographers or public-relations personnel may be present. In some cases they may interview, photograph or survey children who participate in these events, including my participant.

I understand that my participant may be asked questions concerning New York Edge activities and programs, and that the contents of that interview may be published or aired publicly. I understand that my child will be under the supervision of New York Edge personnel during at all times during any direct interview, photo or survey session. I understand my participant reserves the right to refuse to answer any questions or participate in any discussions, and that my child or the supervising New York Edge personnel may terminate the session at any time for any reason.

I, the undersigned, certify that I am the parent or legal guardian of _____, whose date of birth is _____, that I have read the consents outlined above and give my participant permission to participate in the New York Edge program.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



Parent Consent to Participate in the Evaluation of the After-School Program

Dear Parent/Guardian,

Your child, _____, is enrolled in the after school program at _____. In order to monitor the effectiveness of the after school program and ensure its future success, New York Edge is conducting ongoing evaluations. It is the intention of the evaluations to learn how these services help students and how they can be improved in order to meet funding requirements.

Specifically we ask permission from parents to:

- Talk to teachers and after-school staff about children's progress and participation in the after-school program, and review program records on participation in the after-school program.
- Survey and/or interview parents and children about the after-school program and its effects. There will be a survey distributed via text/email over the course of the year. The survey will take approximately 15 minutes. Group discussions may also be held, that would take up to 30 minutes.

Any information we collect will be used only to assess the after-school program and will not be made public. Participation in the evaluation is completely voluntary, and participants may withdraw at any time without consequence. Personal information will not be used for any purposes after the evaluation is complete.

Please select **ONE** of the options below and return this form to the program coordinator/director.

YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE. I have read the above information and I give permission for my child to participate in the evaluation of the after-school program.

NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the above information and I do not give permission for my child to participate in the evaluation of the after-school program.

SIGNATURE OF PARENT OR GUARDIAN DATE



Parent/Guardian Data Release Consent Form

I. Information being requested.

New York Edge is requesting your permission to collect academic performance and enrollment data on your child. This information will be used for the purposes of establishing program outcomes and may be used in a combined, not individualized, format to help advocate for continued funding.

- Contact their children’s school and obtain records showing their progress, including report cards, grades, citywide and statewide test scores, attendance, school choice, and any other reports pertaining to academic progress.
- 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)
- Academic performance data (including your child’s results on state and national exams, credits earned, grades, promotion and retention status, and fitness gram score)
- Data related to any disciplinary actions taken against your child (including number and type of suspensions)

II. How will your child’s data remain confidential?

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

Please check Yes or No to the following statement:

- I understand why New York Edge 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 New York Edge on an ongoing basis.

Yes, I authorize New York Edge and DOE to share my child’s information/student records.

No, I do not authorize New York Edge and DOE to share my child’s information/student records

Student/Applicant Name: _____

Parent/Guardian Name: *(Please Print)* _____

Parent/Guardian Signature: _____ Date: _____

Additional Parent/Guardian Name: *(optional)* _____

Additional Parent/Guardian Signature: *(optional)* _____



EMERGENCY MEDICAL CARE FORM
(To be completed by the parent or guardian)

Participant's Name: _____ Date of Birth: _____

- 1. I authorize New York Edge ("Program") to, if necessary, provided basic first aid in accordance to their level of training. Injury assessment and intervention will include the use of topical skin antibiotic as appropriate.
2. If my child requires emergency medical care as determined by an appropriately trained employee of the Program, I give my consent to the above Program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives.
3. I hereby release the Program from any and all claims which I or my child may have against New York Edge arising from or in connection with the providing of First Aid as described herein, except where due to the negligence of New York Edge staff. This agreement is signed for the purpose of fully and completely releasing, discharging, and indemnifying the program from all liability as described herein.
4. Following emergency medical care, my child may be released to the following people:

Name: _____ Relationship to Child: _____ Age: _____
Address: _____ Employer: _____
Home Phone: _____ Work Phone: _____

5. Health Information:

Allergies: _____ Religious Preference: (optional) _____
Last Tetanus: _____ Medication(s) being taken: _____

Student's Doctor (Name and Phone) _____

Medical history or other pertinent facts that should be known: _____

- 6. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in the Program.

Parent/Guardian Signature _____ Date _____

March 2025

Dear Council Member:

For over three decades, the New York City Council has partnered with **New York Edge/NYE** in providing FREE after school and summer programming across the city that is welcoming, enriching and fun. As a parent whose child participates in NYE programming, I have seen first-hand the benefits – academically, physically and emotionally – that this programming offers.

New York Edge sports, arts, recreation and academic programming is on par with the best private pay enrichment programs in the city. Its programs are culturally relevant, tailored to students’ needs and interests, and rooted in social-emotional learning. Its staff are engaged, caring and committed to the students they serve.

Increased funding to NYE in the upcoming budget is vital to my child, the children of our community and to thousands of youngsters throughout the five boroughs.

As your constituent, I ask that you advocate for New York Edge and fight on behalf of its FY 26 citywide funding request of \$1.2M under the Council’s After-School Enrichment Initiative.

Thank you.

Name _____

Address _____

City _____ State _____ Zip _____

Email _____