**Welcome to DYCD!** The following form will allow you or your child to apply to a DYCD program. One applicationwill 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):[ ]  Female[ ]  Male[ ]  X (not male or female)[ ]  Not Sure  | **Applicant’s Gender Identity (Select all that Apply):** [ ]  Female [ ]  Male [ ]  Non-Binary (not Female or Male)[ ]  Gender Nonconforming [ ]  Two Spirit (Native American/First Nations)[ ]  Another Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Not Sure[ ]  Do not understand the question[ ]  Decline to Answer | **Does the applicant identify as transgender?** [ ]  Yes[ ]  No[ ]  Not Sure[ ]  Do not understand the question[ ]  Decline to Answer |
| **Applicant’s Gender Pronoun:** [ ]  She/Her/Hers[ ]  He/Him/His[ ]  They/Them/Theirs[ ]  Another Pronoun: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Decline to Answer | **Applicant’s Sexual Orientation**[ ]  Heterosexual (straight) [ ]  Gay[ ]  Lesbian [ ]  Bisexual[ ]  Pansexual[ ]  Asexual[ ]  Queer[ ]  Questioning [ ]  Not Sure[ ]  Another Sexual Orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Decline to Answer |
| **Applicant’s Race** (Select all that Apply):[ ]  American Indian and Alaska Native[ ]  Asian[ ]  Black or African- American [ ]  Middle Eastern/North African [ ]  Native Hawaiian and Other Pacific Islander[ ]  White or Caucasian [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Applicant’s Ethnicity** (Select One):[ ]  Hispanic or Latinx[ ]  Not Hispanic or Latinx |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How well does the applicant speak English?** (Select One):[ ]  Fluent/Very well[ ]  Well[ ]  Not well[ ]  Not well at all | **Applicant’s Primary Language** (Select One):

|  |  |  |
| --- | --- | --- |
| [ ]  English  | [ ]  Albanian | [ ]  Arabic |
| [ ]  Bengali | [ ]  Chinese\* | [ ]  French  |
| [ ]  Fulani  | [ ]  German | [ ]  Gujarati |
| [ ]  Haitian Creole | [ ]  Hebrew | [ ]  Hindi |
| [ ]  Hungarian  | [ ]  Italian | [ ]  Japanese |
| [ ]  Korean | [ ]  Kru, Ibo, or Yoruba | [ ]  Mande |
| [ ]  Punjabi | [ ]  Persian | [ ]  Polish |
| [ ]  Portuguese | [ ]  Romanian | [ ]  Russian |
| [ ]  Spanish | [ ]  Tagalog | [ ]  Turkish |
| [ ]  Urdu | [ ]  Vietnamese | [ ]  Yiddish  |
| [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\**including Cantonese and Mandarin* | **Other Languages Spoken by Applicant** (Select all that Apply):

|  |  |  |
| --- | --- | --- |
| [ ]  English  | [ ]  Albanian | [ ]  Arabic |
| [ ]  Bengali | [ ]  Chinese\* | [ ]  French  |
| [ ]  Fulani  | [ ]  German | [ ]  Gujarati |
| [ ]  Haitian Creole | [ ]  Hebrew | [ ]  Hindi |
| [ ]  Hungarian  | [ ]  Italian | [ ]  Japanese |
| [ ]  Korean | [ ]  Kru, Ibo, or Yoruba | [ ]  Mande |
| [ ]  Punjabi | [ ]  Persian | [ ]  Polish |
| [ ]  Portuguese | [ ]  Romanian | [x]  Russian |
| [ ]  Spanish | [ ]  Tagalog | [ ]  Turkish |
| [ ]  Urdu | [ ]  Vietnamese | [ ]  Yiddish  |
| [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Not applicable (only one language spoken by applicant) |

\**including Cantonese and Mandarin* |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is the applicant any of the following:**

|  |  |
| --- | --- |
| An Individual with a Disability? | [ ]  Yes [ ]  No [ ]  Decline to answer |
| Parent/Legal Guardian?  | [ ]  Yes [ ]  No |
| Offender/Justice Involved? | [ ]  Yes [ ]  No  |
| Foster Care Participant? | [ ]  Yes [ ]  No |
| Runaway or Homeless Youth? | [ ]  Yes [ ]  No |
| Veteran? | [ ]  Yes [ ]  No |
| Active Military Personnel? | [ ]  Yes [ ]  No |

 | ***If the applicant is an individual with a disability*, please select disability type(s)** (Select all that Apply):

|  |
| --- |
| [ ]  Cognitive impairment |
| [ ]  Hearing-related |
| [ ]  Learning disability |
| [ ]  Mental or Psychiatric  |
| [ ]  Physical/Chronic Health Condition |
| [ ]  Physical/Mobility Impairment |
| [ ]  Vision-related |
| [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Decline to Answer  |

 |

**Part II: Applicant’s** (or Parent/Guardian’s) **Contact Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Contact information below is for the applicant  | [ ]  | Contact information below is for the parent/guardian  |

 |  |
| **Phone Number #1** |

|  |
| --- |
| [ ]  Home |
| [ ]  Cell  |
| [ ]  Work |

 | **Phone Number #2** |

|  |
| --- |
| [ ]  Home |
| [ ]  Cell  |
| [ ]  Work |

 |
| **Email Address**:[ ]  No email address | **Preferred Method of Contact**:[ ]  Cell Phone [ ]  Home Phone [ ]  Email [ ]  U.S. Mail |

**Part III: Emergency Contact Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Emergency Contact Name:** | **Emergency Contact Primary Phone Number:** |

|  |
| --- |
| [ ]  Home |
| [ ]  Cell  |
| [ ]  Work |

 |
| **Emergency Contact Email Address:**[ ]  No email address | **Emergency Contact’s Relationship to Applicant:**[ ]  Emergency contact is parent/guardian of applicant |

**Part IV: Applicant’s Education/Work Status**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant’s School Type** (Select One): [ ]  Full-Time Student\*\*[ ]  Part-Time Student\*\*[ ]  Not in School\*\*\* | \*\*If applicant is a *Part-Time Student* or *Full-Time Student***: Please select applicant’s current grade** (Select One):\*\*\*If applicant is *Not in School:* **Please select the last grade completed by the applicant** (Select One):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Elementary School | * Pre-K
 | * K
 | * 1st
 | * 2nd
 | * 3rd
 | * 4th
 | * 5th
 |
| Middle School | * 6th
 | * 7th
 | * 8th
 |  |  |  |  |
| High School | * 9th
 | * 10th
 | * 11th
 | * 12th
 | * Obtained High School Diploma
 | * Obtained High School Equivalency
 |
| Community College | * 1st year
 | * 2nd year
 | * 3rd year
 | * 4th year+
 | * Obtained Associate’s Degree
 |
| Vocational/Trade School | * Some Vocational or Trade School credits, but no certificate or degree attained
 |
| * Obtained a certificate or degree from a Vocational or Trade school
 |
| 4-Year College/University | * Freshman
 | * Sophomore
 | * Junior
 | * Senior
 | * Obtained Bachelor’s Degree
 |
| Master’s Degree:  | * Some Master’s Degree credits, but no degree attained
 |
| * Obtained Master’s Degree
 |
| Professional Degree | * Some Professional Degree credits (e.g. MD, DDS, DVM, LLB, JD), but no degree attained
 |
| * Obtained Professional Degree (e.g. MD, DDS, DVM, LLB, JD)
 |
| Doctorate Degree:  | * Some Doctorate degree credits, but no degree attained
 |
| * Obtained Doctorate Degree
 |
| Other | * Obtained Foreign Degree
 | * No formal schooling attained
 |

 |
| **Applicant’s current work status**(Select One): |

|  |  |  |
| --- | --- | --- |
| [ ]  Employed Full-Time | [ ]  Employed Part-Time | [ ]  Retired  |
| [ ]  Unemployed (Short-Term, 6 months or less) | [ ]  Unemployed (Long-term, more than 6 months) | [ ]  Unemployed (Not in labor force) |
| [ ]  Migrant Seasonal Farm Worker | [ ]  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):

|  |  |  |
| --- | --- | --- |
|[ ]  Single Parent - Female |[ ]  Two Adults – No Children |[ ]  Single Person - No children |
|[ ]  Single Parent - Male |[ ]  Two Parent Household |[ ]  Multigenerational Household |
|[ ]  Non-related adults with children |[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 | **Applicant’s Housing Type** (Select One):

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Own | [ ]  Rent | [ ]  NYCHA  | [ ]  Shelter |
| [ ]  Homeless | [ ]  Other Permanent Housing | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 |
| **Applicant’s Household Size** (Select One):

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

 | **Total Household Income in the last 12 Months** (Select One):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  $0 | [ ]  $1 to $12,060 | [ ]  $12,061 to $16,240 | [ ]  $16,241 to $20,420 | [ ]  Decline to Answer |
| [ ]  $20,421 to $24,600 | [ ]  $24,601 to $28,780 | [ ]  $28,781 to $32,960 | [ ]  $32,961 to $37,140 |  |
| [ ]  $37,141 to $41,320 | [ ]  $41,321 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+ |  |

 |
| **Sources of Applicant’s Household Income:** (Select all that Apply):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [ ]  Employment Wages | [ ]  Affordable Care Act Subsidy | [ ]  Alimony or other Spousal Support | [ ]  Child Support | [ ]  Childcare Voucher | [ ]  Earned Income Tax Credit (EITC) | [ ]  Employment Tax Credit |
| [ ]  General Assistance | [ ]  Housing Choice Voucher | [ ]  HUD-VASH | [ ]  LIEHEAP | [ ]  Pension | [ ]  Permanent Supportive Housing | [ ]  Private Disability Insurance |
| [ ]  Public Housing | [ ]  Safety Net/Home Relief | [ ]  Retirement Income  from Social Security | [ ]  Social Security Disability Income (SSDI) | [ ]  Supplemental Security Income (SSI) | [ ]  Supplemental Nutrition Assistance Program (SNAP) | [ ]  Temporary Assistance for Needy Families (TANF) |
| [ ]  Unemployment  Insurance | [ ]  VA Non-Service Connected Disability Pension | [ ]  VA Service-Connected Disability  Compensation | [ ]  WIC | [ ]  Worker’s Compensation | [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Decline to Answer |

 |

**Part VI: Applicant’s Health Insurance Status**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Does the applicant have health insurance? (**Select One):[ ]  Yes [ ]  No [ ]  Decline to Answer | ***If yes,* what kind of health insurance does the applicant have? (Check all that Apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Medicaid | [ ]  Medicare | [ ]  State Children’s Health Insurance Program | [ ]  Military Health Care |
| [ ]  Direct-Purchase | [ ]  Employment-Based  | [ ]  State Children’s Health Insurance for Adults | [ ]  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)[ ]  Yes [ ]  No [ ]  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):[ ]  Email [ ]  Phone [ ]  US Mail [ ]  Via provider [ ]  Decline to Answer  |