

WELCOME! The following application will allow you or your child to be enrolled in this program. One application will be accepted for each person. Submission of an application does not guarantee eligibility or enrollment in the program. If accepted, the program will be at no cost to the participant. The following application items are collected for informational and program planning purposes: *Sex, Race, Ethnicity, Income, Household Type, Language, Population Type, Health Insurance.* Your responses will not impact your status in receiving benefits or services.

Applicant's First Name										Applicant's Last Name										Middle Initial	

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

How well does the Applicant Speak English? (Select One)															Applicant's Primary Language (Select One)															Other Languages Spoken by Applicant (Select All That Apply)														
<input type="checkbox"/> Fluent/Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not Well at All	<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"/> Greek <input type="checkbox"/> Gujarati <input type="checkbox"/> Hatian/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/Yorba <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"/> Polish	<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"/> Greek <input type="checkbox"/> Gujarati <input type="checkbox"/> Hatian/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/Yorba <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"/> Polish																																						

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 COMPASS 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/dydc 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:
	Contact
	Write down all numbers and circle the best number to call in case of an emergency:
	<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:
	Contact
	Write down all numbers and circle the best number to call in case of an emergency:
	<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 | 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"/> Asthma | <input type="checkbox"/> Corrective Devices (e.g., crutches, hearing aid, eye glasses) | <input type="checkbox"/> Other
(please specify) | |

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

Agency: _____ School: _____

Parent Consent for Participation in Data Collection: SONYC Applicants Only

Dear Parent:

Your child is enrolled in a program that is supported by the Department of Youth and Community Development (DYCD). In order to monitor the effectiveness of this program and ensure its future success, DYCD, and its evaluation partner American Institutes for Research (AIR), are collecting information about participants and their experiences in the program. AIR is doing a study of the middle school programs that are part of COMPASS – known as School’s Out New York City (SONYC) programs; the study is called *School’s Out NYC: Out-of-School Time Middle School Expansion Evaluation Services*. This project has been approved by the Department of Education (DOE). AIR will visit some of the programs to learn more about SONYC and how it can be improved and will collect information from young people in the program.

We ask permission from parents to conduct the following study activities:

- Survey children about the DYCD program.
- Survey children about themselves (what they have learned).
- We may access your child’s school information from NYC DOE, including demographic data, school day attendance, disciplinary referrals, grade promotion, and academic performance data (e.g., test scores and grades). We will not be able to link their school information to their name or to your family.

This information will help DYCD learn how the program helps students and how it can be improved. **Any information we collect will be used only to assess the DYCD program and will not be made public.** The only people who will have access to this information are members of the AIR evaluation team. **Participating in the evaluation will not affect your child in school, in the program, or in any other way.** We will not use your name or your child's name in any report. Participation is voluntary and participants may withdraw at any time. Please contact Deborah Moroney by phone (312-288-7609) or email (dmoroney@air.org) with questions about the study.

If you have concerns or questions about your child’s rights as a participant, contact AIR’s Institutional Review Board (which is responsible for the protection of project participants) at IRB@air.org, toll free at 1-800-634-0797, or c/o IRB, 1000 Thomas Jefferson St. NW, Washington, DC 20007.

Please select one of the options below:

Yes, I GIVE PERMISSION FOR MY CHILD, _____, TO PARTICIPATE in the following:

- My child WILL complete AIR surveys for SONYC Out-of-School Time Middle School Expansion Evaluation
- AIR CAN access my child’s school information for SONYC Out-of-School Time Middle School Expansion Evaluation. AIR will look at my child’s school data such as attendance, disciplinary referrals, grade promotion, and academic performance data; however, this data is not linked to their name or my family.
- 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 AIR data collection activities.

Signature

Date

For questions about the evaluation, please contact Yael Bat-Chava, ybat-chava@dycd.nyc.gov, 646-343-6237. For all other questions please contact Youth Connect, 1-800-246-4646, or http://www.nyc.gov/html/dycd/html/contact/email_youth.shtml.



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