



Office Use Only

Date Application Received:

Enrollment Date:

Intake Specialist/Staff:

Additional Information:

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

DYCD



discover
Opportunities and
Services Near You



Search for and apply to DYCD Programs Online!

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):

Applicant's Primary Address (Number and Street):

Applicant's Apt. Number:

Applicant's City:

Zip Code:

☐ Applicant Lives in a NYCHA Development (Please Provide Name)

Applicant's Sex at Birth (Select One):

- ☐ Female
☐ Male
☐ X (not male or female)
☐ Not Sure

How well does the applicant speak English? (Select One):

- ☐ Fluent/Very well
☐ Well
☐ Not well
☐ Not well at all

Applicant's Race/Ethnicity (Select all that Apply):

- ☐ American Indian and Alaska Native ☐ Asian
☐ Black or African American
☐ Hispanic or Latinx/e/a/o
☐ Middle Eastern/North African
☐ Native Hawaiian and Other Pacific Islander
☐ White or Caucasian
☐ Other: _____
___ ☐ Decline to Answer

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 Youth? ☐ Yes ☐ No

Veteran? ☐ Yes ☐ No

Active Military ☐ Yes ☐ No

Personnel?



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

If of Native Hawaiian or Other Pacific Islander origin, please select from the following (Select All That Apply):

- ☐ Hawaiian
☐ Guamanian
☐ Chamorro
☐ Samoan
☐ Fijian
☐ Tongan
☐ Other: _____

If of Asian origin, please select from the following (Select All That Apply):

- ☐ Chinese ☐ Indonesian
☐ Japanese ☐ Malaysian
☐ Filipino ☐ Pakistani
☐ North ☐ Sri Lankan
Korean ☐ Taiwanese
☐ South ☐ Nepalese
Korean ☐ Burmese
☐ Vietnamese ☐ Tibetan
☐ Asian Indian ☐ Thai
☐ Laotian ☐ Other: _____
☐ Cambodian
☐ Bangladeshi
☐ Hmong

If of Hispanic or Latinx/e/a/o origin, please select from the following (Select All That Apply):

- ☐ Mexican, Mexican American, Chicana/o
☐ Puerto Rican
☐ Cuban
☐ Dominican
☐ Central American (including Salvadoran, Guatemalan, Honduran, etc.)
☐ South American (including Ecuadorian, Colombian, Venezuelan, Panamanian etc.)
☐ Another Hispanic, Latinx/e/a/o, Spanish
Origin: _____

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 ☐ Russian ☐ Spanish ☐ Tagalog ☐ Turkish ☐ Urdu ☐ Vietnamese ☐ Yiddish
☐ Other: _____

___ ☐ Not applicable (only one language spoken by applicant)

**including Cantonese and Mandarin*

Did you or any member of your household serve in the armed forces, national guard, or reserves of the United States?

☐ Yes ☐ No

If yes, would you or your household member want to be contacted by the NYC Department of Veteran's Services?

☐ Yes ☐ No

Would the applicant like to receive information/ be contacted about registering to vote?** (Select One):

☐ Yes
☐ No

*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.

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

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Questions? Call Community Connect Universal Participant Intake: Youth Application 1-800-246-4646
www.nyc.gov/dycd For Applicants Ages 13 and Younger | Updated June 2024



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

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

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

Part II: Applicant's Contact Information

☐ Contact information below is for the applicant

Phone Number #1 ☐ Home ☐ Cell

☐ Work

Phone Number #2

☐ Home

☐ Cell

☐ Work

Parent/Guardian's Email Address (Required):

Preferred Method of Contact:

☐ Cell Phone ☐ Home Phone ☐ Email ☐ U.S. Mail

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

<input type="checkbox"/> Contact information below is for the parent/guardian	
Parent/Guardian Name: <input type="checkbox"/> Home <input type="checkbox"/> Cell <div style="text-align: right;"><input type="checkbox"/> Work</div>	Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell <div style="text-align: right;"><input type="checkbox"/> Work</div>
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 <div style="text-align: right;"><input type="checkbox"/> Work</div>
	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: <div style="text-align: right;"> <input type="checkbox"/>Home <input type="checkbox"/> Cell <input type="checkbox"/> Work </div>
	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



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

This section is for Parents/guardians enrolling their children		
<p>Emergency contacts listed in Section II are authorized to pick up the child unless otherwise noted. The following <u>additional</u> people are authorized to pick up my child:</p>		
Name: <hr/>	Phone #: <hr/>	Relationship: <hr/>
Name: <hr/>	Phone #: <hr/>	Relationship: <hr/>

Name:	Phone #:	Relationship:

The following people MAY NOT pick up my child:		
Name:	Name:	Name:

Part IV: Applicant's Education/Work Status
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Applicant's School Type (Select One): <input type="checkbox"/> Full-Time Student** <input type="checkbox"/> Part-Time Student** <input type="checkbox"/> Not in School***	<input type="checkbox"/> If applicant is a <i>Part-Time Student</i> ***If applicant is <i>Not in School</i> : <input type="checkbox"/> Elementary School <input type="checkbox"/> Pre-K <input type="checkbox"/> <input type="checkbox"/> Middle School <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> O	Applicant's current grade (Select One): <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> High School Diploma <input type="checkbox"/> High School Equivalency <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Other
Applicant's current work status (Select One): <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Short-term, 6 months or less) <input type="checkbox"/> Unemployed (Long-term, more than 6 months) <input type="checkbox"/> Unemployed (Not in labor force) <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Not Applicable (Applicant is under 14 years of age)	<input type="checkbox"/> High School <input type="checkbox"/> 9 th <input type="checkbox"/> Community College <input type="checkbox"/> 1 st Year <input type="checkbox"/> 2 nd Year <input type="checkbox"/> 3 rd Year <input type="checkbox"/> Vocational/Trade School <input type="checkbox"/> Attained <input type="checkbox"/> 4 th Year <input type="checkbox"/> College/University <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Master's Degree: <input type="checkbox"/> degree <input type="checkbox"/> attained <input type="checkbox"/> Professional Degree <input type="checkbox"/> degree <input type="checkbox"/> attained <input type="checkbox"/> Doctorate Degree: <input type="checkbox"/> degree <input type="checkbox"/> attained <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> High School Diploma <input type="checkbox"/> High School Equivalency <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Other

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: _____	
School Name:		
School Address:	City:	Zip Code:



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

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 Parent - Male
 ☐ Two Parent Household
 ☐ Single Person- No children
 ☐ Multigenerational Household
 ☐ Non-related adults with children
 ☐ Other

Applicant's Housing Type (Select One):

- ☐ Own
 ☐ NYCHA
 ☐ Other: _____
 ☐ Rent
 ☐ Shelter
 ☐ Homeless
 ☐ Other Permanent Housing

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+

Estimated Household Income in the last 12

months: \$ _____ **(ex.**

\$45,000)

☐ Decline to Answer

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

- ☐ Employment
 ☐ Affordable Care
 ☐ Alimony or
 ☐ Child Support
 ☐ Childcare
 ☐ Earned Income Tax
 ☐ Employment Tax
 Wages
 Act Subsidy
 Other Spousal
 Voucher
 Credit (EITC)
 Credit
☐ General
☐ Housing Choice
☐ HUD-VASH
☐ LIEHEAP
☐ Pension
☐ Permanent Supportive
☐ Private Disability
 Assistance
 Voucher
 Housing
 Insurance
☐ Public Housing
☐ Safety Net/Home
☐ Retirement
☐ Social Security
☐ Supplemental
☐ Supplemental Nutrition
☐ Temporary
 Relief
 Income
 Disability
 Security

		Assistance Program		Assistance for	
		from Social			
		Income (SSDI)	Income (SSI)		
			(SNAP)		Needy Families
		Security		(TANF)	
			<input type="checkbox"/> Other: _____	<input type="checkbox"/> Decline to	
<input type="checkbox"/> Unemployment	<input type="checkbox"/> VA Non-Service	<input type="checkbox"/> VA Service			
Insurance		<input type="checkbox"/> WIC <input type="checkbox"/> Worker's			
	Connected	Connected			
		Compensation			
	Disability		Answer		
	Pension	Disability			
		Compensation			

Part VI: Applicant's Health Information

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



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

<p>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.</p>
<p>Does the applicant have any allergies (e.g., food, medication, etc.)?</p>

☐ 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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Questions? Call Community Connect Universal Participant Intake: Youth Application 1-800-246-4646
www.nyc.gov/dycd For Applicants Ages 13 and Younger | Updated June 2024



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

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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Questions? Call Community Connect Universal Participant Intake: Youth Application 1-800-246-4646
www.nyc.gov/dycd For Applicants Ages 13 and Younger | Updated June 2024



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

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

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Questions? Call Community Connect Universal Participant Intake: Youth Application 1-800-246-4646
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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): _____

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Questions? Call Community Connect Universal Participant Intake: Youth & Adult Application | 1-800-246-4646
www.nyc.gov/dycd For Applicants Ages 14 and Older | Updated June 2024



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