

DYCD Summer Rising Supplemental Enrollment Form

This form must be hand-delivered to the provider, do not email. This form is for participants who were accepted into the Summer Rising program through the centralized enrollment portal.

Student Information

Student First Name: _____ Last Name: _____ MI: _____
Date of Birth: _____ OSIS # (DOE Students Only): _____

Emergency Consents and Signatures

Consent for Emergency Medical Treatment

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 Signature: _____ Parent/Guardian Print Name: _____ Date: _____

Pick-up/Dismissal Information

My child has permission to travel home alone at dismissal Yes No

Parent/Guardian Signature: _____ Parent/Guardian Print Name: _____ Date: _____

Emergency contacts authorized to pick up the child unless otherwise noted

The following additional people are authorized to pick up my child:

Name:	Phone:	Relationship:

The following people **MAY NOT** pick up my child (please write clearly):

Name:	Phone:	Relationship:

Health Information

Please answer the questions below and provide additional details in the space provided. Please attach additional pages if you need more space. Many needs or health challenges can be accommodated and may not limit enrollment in the program.

- Does the Student have any allergies? (food, medication, etc.) No Yes
- Does the Student have asthma? No Yes
- Does the Student have special health care needs? No Yes
- Does the Student take medication for any condition or illness? No Yes
- Are there activities the Student cannot participate in? No Yes
- Please provide any additional health information details: NA
- Please list any accommodation(s) you are requesting for yourself/the Student: NA

Student's Health Insurance Status

Does the Student have health insurance? (Select One): Yes No Decline to Answer

If yes, what kind of health insurance does the Student have? (Check all that Apply):

- Medicaid Medicare State Children's Health Insurance Program
 Employment-Based Direct-Purchase State Children's Health Insurance for Adults
 Military Health Care 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

Is the Student an Offender/Justice Involved? Yes No

Is the Student a Runaway Youth? Yes No

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 Student 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: _____

Student's Housing Type (Select One):

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

Student'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 or more

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
 \$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+
 Decline to Answer

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

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

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

Full Name of Student: _____

Parent/Guardian's Signature: _____ Date: _____

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 permission

With it, we can:

- Send you information about DYCD-funded programs and services you can apply for, and
- *Share information from your DYCD Participant Application each time you apply.*

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 DYCD and funded program staff can see it. We don't share it with others except to:

- Decide if you're eligible for services,
- Enroll you in programs and services, and
- Track the results of the services you receive

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

I understand why DYCD needs my consent to:

- Send me information about programs and services I can apply for,
- Refer me to DYCD-funded programs, and/or
- Share information from my DYCD Participant Application with the programs I apply for

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

Full Name of Student (please print): _____

Signature of Student (or Parent/Guardian for participants under 18 years old): _____

Date: _____